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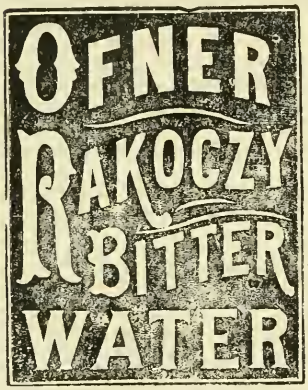

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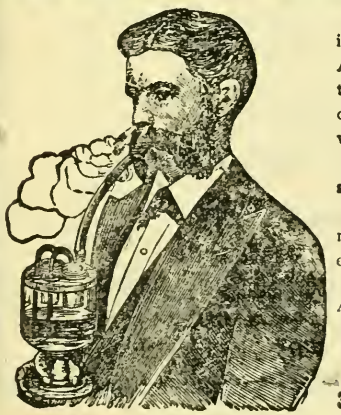

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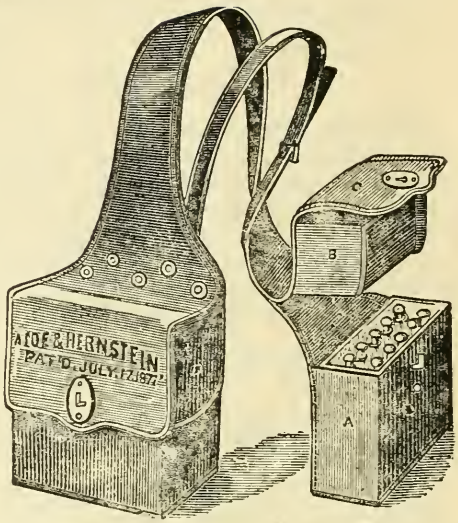

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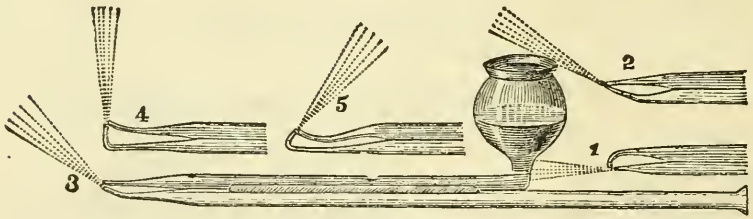

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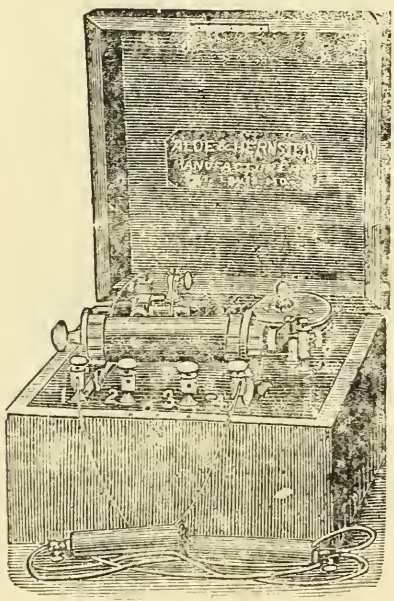

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Vol. XLI. AUGUST, 1881. No. 2.

Original Contributions.

Article XV.

Diseases of the Naso-Pharynx. By W. Douglas Hemming, F. R. C. S. E., Bournemouth, England.

The affections of the naso-pharynx, assume somewhat more than merely local importance from the relations which the cavity bears to the nose, on the one hand, and to the ear on the other, from which it results that disease of this region impedes such important functions as those of hearing, respiration and speech.

Diseases of the naso-pharynx are by no means infrequent, and of late years, owing to improved means and methods of investigation, have received increased attention.

Owing to the continuity of the mucous membrane, and the intimate connection of this region with the neighboring parts and cavities, disease in the naso-pharynx is frequently dependent upon, caused by, or concurrent with similar affections of the nose, pharynx, ear, or larynx, while on the other hand, disease of any of these regions may have originated from an affection primarily situated in the naso-pharynx. The nose being the natural channel for respiration, the naso-pharynx, of course forms a part of the natural respiratory tract; anything, therefore, which causes swelling and alteration in form of the passages will have a corresponding effect on the free passage of air to the lungs and will impede proper nasal breathing. From the naso-pharynx also passes the Eustachian tube directly to the ear, forming a passage for the air to the tympanum, so that the proper degree of atmospheric pressure on either side of the drumhead may be maintained. "Impediment or abolition of the function of the Eustachian tube (closure from swelling of the muscles) produces primarily mechanical disturbance (rarefaction of the air, sinking in and increased tension of the tympanic membrane and the chain of aural bones, and with this, impairment of hearing, subjective manifestations of sound), and consecutively anatomical alterations (hyperæmia, dropsy and swelling *ex vacuo*) in the cavity of the tympanum."*

*Wendt in Ziemssens' Cyclopædia. Vol. vii, p. 15.

Fully into the question of the aural complications, the limits of this paper will not allow me to go, but they will be found fully treated in the more complete text-books of Aural Surgery, especially Politzer's recently published work.

I now proceed to a brief consideration of the chief affections of the naso-pharynx, giving symptoms, causes and treatment.

Catarrh of the Naso-Pharynx.—Post-Nasal Catarrh.

One of the commonest affections of the naso-pharynx is catarrh, which may be either acute or chronic.

Acute Catarrh usually accompanies a like affection of some portion of the air-passages, and it generally originates in a "cold." There is produced great swelling and hyperæmia which is especially evident about the pharyngeal tonsil and the orifices of the Eustachian tubes, and hemorrhage is not infrequent. The mucous membrane is thickened in proportion to the intensity of the affection. The follicles are often much swollen, causing a granular appearance similar to that known as granular pharyngitis, and these follicles sometimes disintegrate causing small ulcers.

The glandular secretion is increased and the mucous membrane becomes covered with a tenacious, yellowish-grey exudation.

The chief subjective symptoms complained of are those of obstructed nasal respiration, dryness of the back of the throat, alteration of the voice, and a constant hawking in the endeavor to clear away the secretion; if the ear be affected there will be deafness, tinnitus and probably some pain. On examination, the mucous secretion may be seen hanging down from behind the soft palate and adhering to the posterior wall of the pharynx. The rhinoscope will show the reddened, hyperæmic and swollen state of the parts, and digital examination may enable the observer to detect a thickened and granular condition.

The course of the affection may go on to a more or less speedy return of the normal condition, or it may pass into the chronic form. Often, however, after the naso-pharyngeal trouble has apparently disappeared, the auditory apparatus may remain affected.

With regard to treatment, the employment of the nasal douche either anterior or posterior, will be of value; solutions of common salt, being perhaps the most useful. Astringents are

rarely advisable in the acute pain. Attention should be early directed to the ear, and inflation by Politzer's method, practised regularly, as by this means, the consequences of protracted rarefaction of the air in the tympanum may be warded off.

Inhalations of steam, either plain or medicated, are of value in relieving the dryness and reducing the swelling; the inhalation should be taken by the nose as well as by the mouth, and when the auditory apparatus is affected, the vapor should be forced through the Eustachian tubes by Valsalva's method.

As to general measures, those usually adopted in catarrhal affections should be here employed. Free diaphoresis should be induced, and the vapor baths are often of value.

The tendency to naso-pharyngeal catarrh may be combated by preventive measures, which will consist in the avoidance of sudden changes of temperature, of residence in close and unhealthy atmospheres, etc.

Chronic catarrh.—This, like the acute form of the affection, occurs less frequently alone than in connection with a similar condition of the nose, pharynx, and middle ear. More usually than not it is consecutive to an acute catarrh, but it may come on gradually and insidiously, without the patient ever having suffered from the acute form, or it may be connected with some constitutional condition or diathesis, as tubercle or syphilis.

The condition produced by chronic catarrh resembles that of the acute form in a somewhat modified degree; hyperæmia, perhaps hemorrhage, swelling and thickening of the mucous membrane, enlargement of the follicles, increased secretion from the mucous glands, which often assumes a very dense, tough consistence, and the occasional formation of cysts.

The symptoms, of course, vary in severity in proportion to the amount of thickening and secretion; the tenacious masses hanging about cause impediments to nasal respiration and affect the speech, preventing the proper pronunciation of so-called nasal sounds. The patient complains of weight in the head, a feeling of stuffiness and of the constant presence of a foreign body at the back of the throat, which he is perpetually endeavoring to remove by hawking. The symptoms are aggravated in the morning, because the secretion has collected during the night, and the patient often wakes in a very miserable condition of stuffiness, dryness and headache.

The affection may last for an almost indefinite time with

occasional intervals of aggravation or improvement, the latter being usually, however, only transitory, and the patient relapsing into his usual miserable state. Sometimes, if the affection be allowed to take its course unchecked, hypertrophic change takes place in the naso-pharynx itself, and the middle ear becomes seriously affected, from the continued interference with the proper ventilation of the tympanic cavity.

The hypertrophy may be either general or partial, and is more especially evident in the adenoid or cytogenous tissue, though there is also an increase of the connective tissue. General hypertrophy causes great increase in the thickness of the tissues, and diminishes in size the naso-pharyngeal cavity, thus causing considerable interference with speaking and hearing.

When the hypertrophy is partial and circumscribed, it assumes the form of distinct growths of adenoid tissue. These "adenoid vegetations" were first clearly described by Meyer of Copenhagen, and have since been studied by Loewenberg, of Paris,* whose works contain a very full account of them, especially in respect to their effects on the functions. The observations of these authors show that as the result of chronic catarrhal inflammation of the naso pharynx, there are found growths containing "besides dilated mucous glands, enlarged closed follicles, and the meshes of the fundmental connective tissue dotted with a large number of the so-called lymph capsules. These vegetations are either comb-shaped or tongue-shaped, or have a conical or globular form, and they are usually found on the upper wall of the pharynx, whence they often extend into the choanæ, thus interfering with the permeability of the nasal cavity†."

As I said before, chronic naso-pharyngeal catarrh is essentially a disease of long continuance, its duration if left to itself being literally indefinite. In the majority of cases, however, considerable improvement, if not actual cure, may be effected by suitable treatment, the aim of which, as Wendt says, must be "to secure careful removal of the secretions, decrease in the amount of secretion, and cure of the swollen condition."

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*Les Tumeurs Adenoides du Pharynx Nasal, by Dr. B. Loewenberg. Paris: Delahaye, 1879.

†Politzer—Lehrbuch der Ohrenheilkunde, Vol. i. p. 349. Stuttgart: F. Enke, 1878.

To fulfil these indications, the frequent and regular employment of gargles and douches is necessary. With the douche, either anterior or posterior, the latter being, I think, the more efficacious, the parts should be daily cleansed with a solution of salt and water, or bicarbonate of soda, and then astringents may be applied in the same manner, sulphate of zinc (½ grain to 1 oz.) being a good form. Other solutions for use with the douche are permanganate of potash, tannic acid, and carbolic acid. It should be remembered that Dr. Roosa, and other American authors, have shown that inflammation of the middle ear may be set up by the use of the anterior nasal douche, especially if the current be allowed to flow with much force.

Vapor inhalations are of undoubted value in this disease, especially when the ear is affected, when they should be used by Valsalva's method. The most useful inhalations are those of aldehyde, ammonia, benzoin, creasote, pine oil, and thymol.

The application of remedies directly to the parts by the means of a brush, sponge, or cotton-wool, or a suitably bent stem, is also serviceable. Great thickening of the nasal and naso-pharyngeal mucous membrane often yields to iodoform, either mixed with vaseline and applied with a brush, or inserted in the form of powder on cotton-wool.

In the treatment of disease of this region, Dr. Woakes has introduced various forms of medicated cotton-wool, which he has found very efficacious. The cotton-wool is saturated with a solution containing the remedy, and is then dried and ready for use. In applying it to the post-nasal space, Dr. Woakes adopts the following plan: "The quantity of wool determined upon is twisted spindle-shaped but loosely upon a piece of thread, the thin ends are brought together and knotted. Thus the spindle-shaped pledget of wool is doubled on itself and secured firmly to the thread, having now a pear shape, the stalk being represented by the ends of the thread. A probe is engaged in the wool, and made to conduct it along the floor of the nose as far backwards or upwards as may be necessary. The process being repeated on the other nostril, the threads from each are tied into a knot just below the nose, to secure the wool from passing down the pharynx. In the morning, supposing the application to have been made over-night, they can be withdrawn by pull-

ing on the threads."* Iron, tannin, kino, and alum, as astringents; camphor as a stimulant, and iodine and iodoform as absorbent stimulants and antiseptics, are amongst the most useful drugs prepared in this way.

When the thickening of the mucous membrane is very great, and when the so-called adenoid vegetations are numerous and considerable, cauterisation will be required. This may be effected by means of points charged with solid nitrate of silver, though this remedy is not of much use if the growths are of large size. They may be removed by means of cutting forceps, such as those devised by Dr. Loewenberg, and figured in his monograph already referred to, but probably the most expeditious and effective method of removal is that by the galvano-cautery.

Constitutional treatment must not be forgotten; for causing the disappearance of growths actually formed, such measures are not of much value, but they are of great use in combatting the general catarrhal condition.

General tonic remedies, sea-air, iodide of potassium, arsenic in small doses, chloride of ammonium, are all of value in certain cases, and it may be necessary to ring the changes upon them. Any special constitutional condition must, of course, be met by appropriate measures, and to ensure perfect cure avoidance of exciting causes and careful prophylaxis is essential.

Dry Cartarrh.—There is a form of catarrh in the naso-pharynx and pharynx characterised by dryness of the mucous membrane, and known as pharyngitis sicca. It is due to a diminished nutrition of the parts, is more common in old age, and may succeed to a chronic disease of the parts. The cause is apparently an atrophy of the mucous membrane, which on examination is seen to be dry, pale, anæmic, and shining. Some dilated and varicose veins may be seen winding upon it. When the affection is in the naso-pharynx, it may extend over the entire cavity, or may be confined to some limited spot, as the tonsils or one or another of the walls. The shrinking away of the tissue in the immediate neighborhood of the Eustachian orifices, causes these openings to gape.

With regard to the cause, Dr. Shurly, of Detroit,† looks upon

*Deafness, giddiness, and noises in the head. By E. Woakes, M. D. Second edition, page 180.

†Archives of Laryngology: Vol. I., No. iii., p. 228.

atrophic pharyngitis as not "always an ultimate result of chronic pharyngeal catarrh or folliculous pharyngitis, nor an accompaniment of old age, nor a condition depending upon so-called scrofula, but a local change which depends not only upon previous disease of the mucous membrane, but upon some peculiar constitutional defect also." He has frequently found either functional or organic derangement of the stomach, or allied organs, and occasionally a constant tendency to rheumatism.

The symptoms of the affection are often not very well marked. When it is situated in the naso-pharynx, the patient may complain of a sense of discomfort in the head, and dryness of the nostrils. Examination reveals the condition of affairs.

Treatment must be directed to alleviating symptoms, and to the regulation of the primæ viæ. Dr. Shurly says special attention must be given to the promotion of the digestion, and assimilation of food. Tincture of columba and arsenic are useful. When the hepatic and intestinal secretions are perverted "in addition to general tonic treatment, the use of several large doses of ammonium chloride or sodium phosphate yields excellent results."

Locally the nasal douche should be used with warm milk and water or salt. Dr. Shurly has found galvanism useful in three cases. Anything which tends to keep up the condition, as exposure to impure air, etc., must be avoided.

Abscess of the Naso-Pharynx.

Phlegmonous inflammation may occur in this region, in which case there will be great hypertrophy and swelling, with parenchymatous suppuration. This is usually caused by some traumatic influence as operations, cauterisations, or the application of caustic fluids, as in a case of Wreden's, which was due to strong liquor ammoniæ having been inadvertently poured into the nose, whence it penetrated to the naso-pharynx and into the Eustachian tube and tympanum of one side.

Suppuration of the naso-pharynx may also occur in the course of small-pox.

The treatment of such conditions must be on the principles applicable to similar states elsewhere, free outlet for pus, when its presence is ascertained, being, of course, an essential and important element.

Tubercle of the Naso-Pharynx.

In cases of tuberculosis the naso-pharynx, being a portion of the respiratory tract, may, of course, be implicated, and in various ways. In the early stage of phthisis there may be simply anæmia similar to that which is present at the corresponding period, in the pharynx and larynx. Some authors affirm that in the earliest stage of phthisis there is always anæmia of the pharyngeal mucous membrane, frequently associated with hyperæsthesia. Concurrently witn the deposit and growth of tubercle in the lungs or elsewhere, a catarrhal state of the naso-pharynx, is frequent, and may be either simple or follicular, extending usually into the lower pharynx.

The follicular catarrh, which is sometimes accompained with considerable swelling, may go on to suppuration, the formation of abscesses and ulcers, with ultimately cicatricial contraction.

There is a form of inflammation of this region known as tubercular, or scrofulous pharyngitis, which frequently accompanies tubercular processes in other parts, but it is not exclusively connected with the tubercular condition, occurring also in syphilis and even in persons otherwise healthy. It is characterized by inflammation of the follicles, which become dry and caseous, then break up and ulcerate, giving rise sometimes to extensive destruction of tissue. This is more frequent in the lower pharynx than in the naso-pharynx, and will be spoken of later on.

In advanced tuberculosis, ulcerations in the naso-pharynx are not uncommon, but they do not run to much size. In some cases the actual existence of miliary tubercle in the ulcers, and in the immediate neighborhood, has been demonstrated.

The treatment of tubercular disease of this region resolves itself (of course in addition to the treatment of the constitutional condition) into attempts to alleviate distressing symptoms. One of these is usually pain, and this may be relieved by soothing and narcotic applications and inhalations. Among the latter those of benzoin, aldehyde, chloroform, and lupulin, may be of service, and for topical application solutions containing morphia, with or without chloride of zinc. Carbolic acid and glycerine (1 in 150) has also sometimes caused temporary amelioration. Strong caustics are not to be recommended, nor am I in favor of the use of insufflations of powder in the naso-pharyngeal region. When the condition is merely one of

catarrh, accompanying tubercle elsewhere, the measures advised for catarrh will be applicable.

Syphilis in the Naso-Pharynx.

Knowing how frequently the throat suffers in syphilis, we may expect that the naso-pharynx will frequently be affected by extension. In many cases of syphilis there is some catarrh of the naso-pharynx and this may go on to destructive inflammation, ulceration and cicatricial contraction, and adhesion. The rhinal mirror will often reveal ulceration in various parts of the region, on the vault of the pharynx, on the anterior, posterior, and inferior walls, and on the pharyngeal tonsil. It seems, however, clear that the naso-pharynx does not suffer in syphilis nearly so frequently as the lower pharyngeal region and the palate, though Wendt says, that "in three-eighths of the cases in which decided syphilitic diseases existed in other mucous membranes, in the skin, or in the bones, or where the evidences of such diseases were visible, the naso pharyngeal space was also implicated in one way or another." The openings of the tubes frequently suffer constriction either from cicatricial contraction or condylomatous vegetation, and Gruber has described one case in which one Eustachian tube was completely occluded by cicatrices after syphilitic ulceration.

The symptoms of syphilitic ravages in this region are often vague, but there may be pain, sometimes severe, and shooting towards the ears, headache, deafness, tinnitus, and fœtor of the air expired through the nostrils, especially when the disease has extended to the bones.

The history of the case, the appearances seen on examination with speculum and mirror, the condition of the neighboring glands, etc., must be called in to aid in the diagnosis.

Treatment must be mainly constitutional, and suited to the stage of the disease. The parts must also be kept thoroughly cleansed, and nasal douches of chlorate of potash, permanganate of potash, and carbolic acid are valuable for this purpose.

Inhalations may be employed as recommended in catarrh when th state is a catarrhal one, and local applications by means of suitably curved brush or sponge may be applied by the aid of the rhinal mirror to the diseased and ulcerated parts. Sulphate of copper (15 grains to 1 oz.) is probably the best application to syphilic ulcerations, or solid nitrate of silver may be applied.

Morbid Growths of the Naso-Pharynx.

In addition to the adenoid vegetations already described as frequently occurring as a result of chronic catarrh of this region, there are found various forms of *naso-pharyngeal polypi*, mucous, fibrous, sarcomatous, enchondromatous, or carcinomatous.

The symptoms caused by the presence of tumors in this region principally affects the speech and respiration. Should tney be large enough and so situated as to depress the velum, deglutition will also be interferred with.

Examination by speculum, rhinoscope and the finger passed behind the palate will reveal the presence, situation, and size of the tumor.

Treatment consists merely in removal by forceps, ligature, eeraseur, or galvano-cautery. Into the details of the various operations required for the purpose I cannot here enter, but must refer to more elaborate works on general and special surgery, such as my friend, Mr. Spencer Watson's valuable work on diseases of the nose.

Foreign Bodies in the Naso-Pharynx.

The incursion of foreign bodies into the post nasal space is not common. Children not unfrequently force marbles, beads, etc, into the nostrils, and in endeavoring to extract them they may be pushed back into the naso-pharynx; in this case, however, they would probably fall down into the pharynx, and be either swallowed or expelled by coughing and retching.

In vomiting some portion of the contents of the stomach may be forced above the soft palate into the naso-pharynx. Cases have been recorded, some quite recently, in which ascarides and other intestinal parasites have been found in the Eustachian tubes and middle ear. These have probably been forced in the act of vomiting into the post nasal shape and have thence crept into the orifice of the Eustachian tube.

The presence of foreign bodies in this region will be ascertained by use of the speculum and rhinal mirror aided by digital examination, and the offender may in some cases be easily removed by the finger inserted behind the soft palate. Each case, however, will probably exercise the ingenuity of the surgeon in devising means for its removal.

ARTICLE XVI.

GASTROSTOMY.—ESTABLISHMENT OF A GASTRIC FISTULA IN A CASE OF STRICTURE OF THE ŒSOPHAGUS.*—By FRANK J. LUTZ, A. M., M. D., of St. Louis.

MR. PRESIDENT AND GENTLEMEN:

Given a case of malignant stricture of the œsophagus, below the neck, what course are we to pursue?

Unfortunately, the efforts of the surgeon must as yet be limited to nourishing the patient; and the best method of introducing food is a problem not yet solved.

If we examine writers on this subject we will find that catheterization and alimentation per anum are, as a rule, recommended as means of sustaining life, whereas the establishment of a gastric fistula for the purpose of introducing food is either not made mention of at all, or else it is referred to as a procedure not yet sanctioned by experience.

The dangers attendant upon the use of bougies for the purpose of dilatation, and for the introduction of nourishment, far outweigh any possible good that may result. The possibility of pushing an instrument through the walls of the œsophagus, and thus passing the food into the mediastinum, instead of into the stomach, at once presents itself. In addition, experience has taught that repeated irritation of the neoplasm hastens its spread and precipitates putrefaction of the mass.

As Agnew† says, when speaking of the treatment of malignant stenosis of the œsophagus:

*Read before the Missouri State Medical Association at Mexico, May 17, 1881.

†The Principles and Practice of Surgery. By D. Hayes Agnew. Vol. II, p. 1021.

"When the obstruction has been traced distinctly to a malignant cause, the use of bougies should be discarded. I am fully convinced that in such cases instrumentation of any kind is an unmitigated evil."

How much rectal alimentation lacks of compensating for nutrition through the stomach, all know, who for some reason or other have been compelled to resort to its use for any length of time. The attempt to nourish this class of patients by enemata is almost hopeless. (Niemeyer.)

It is therefore quite natural that surgeons should seek for some other method of introducing nourishment, which is free from these dangers, and not open to the same objections. This brings us to the consideration of the establishment of a gastric fistula.

I regret very much that the time and the opportunity to carefully collate all the cases in which this operation has been performed for the relief of malignant stricture were not at my command for I should then have been able to present to you in a more tangible form such deductions regarding the mortality and the results following this procedure as can be drawn from statistics. But like in operations of similar importance, the recorded cases would not represent those actually operated upon. Approximatively, it may be said that the operation has been performed for cancerous stenosis about sixty times since Sedillot, in 1846, first suggested it for deep-seated impervious strictures. The results heretofore obtained have been anything but flattering, the majority of the patients died within five days after the operation. Among those who survived this period may be mentioned—Buchanan's* case, who lived thirteen days; Kuester's† patient survived the operation fourteen days; Sidney Jones'‡ forty days; Kroenlein's‖ two months; Schoenborn's§ three months; one of Trendelnburg's¶ ten weeks; Studsgaard's** six months; Elias'†† case was alive eight months after the perfor-

*_London Lancet._ American reprint. March, 1881.
†_Verhandlungen der Deutschen Gesellschaft fuer Chirurgie._ Vol. VI, p. 103.
‡_London Lancet._ American reprint. July, 1875.
‖_London Medical Record,_ January 15, 1880.
§_Verhandlungen der Deutschen Gesellschaft fuer Chirurgie._ Vol. VI. p. 248.
¶_British Medical Journal,_ January 14, 1879.
**_Medical Times and Gazette,_ June, 1880.
††_Medical News and Abstract,_ December, 1880.

mance of the operation. The case upon which it was my lot to operate is now, six months after the operation, alive, well nourished, and as comfortable as could reasonably be expected.

Discouraging as these results may appear, they are, when properly analyzed, really encouraging, for they point out unmistakably the causes of the failure hitherto attendant upon the operation, and how to avoid them. In but a very small percentage was death due to that most dreaded sequela of all abdominal operations—peritonitis. Exhaustion or rather the disease, carried off the others. This at once suggests the conclusion that gastrostomy, even in cachectic subjects, is not of itself a dangerous procedure, and this view is strengthened by the almost uniform good results obtained when it is resorted to for the removal of foreign bodies from the stomach, or for the relief of cicatricial stricture of the œsophagus.

On the other hand, if we consider that unless a gastric fistula is established death by starvation is inevitable in these cases, in spite of the nutritious enemata and the hazardous introduction of food through the stricture, much worse results than those hitherto obtained, ought not to deter the honest surgeon, who thinks more of humanity than of statistics, from giving his patient the benefit of the operation.

To what, then, must the ill success which has followed the operation be attributed?

Magendie has shown that animals who are deprived of food, or but very imperfectly nourished, cannot, after the lapse of a certain time, be kept alive, even though their former nourishment is again allowed them; and, moreover, that they die after this time, in spite of their return to their accustomed food, just as though they had been starved or fed on an insufficient supply of nutriment. The digestive and assimilative processes do not respond, with but very few exceptions, the patients upon whom the operation was performed had been suffered to emaciate to a degree which baffled all efforts at resuscitation, or else they themselves had put off operative interference until their digestive apparatus was no longer capable of digesting and absorbing the food introduced. Hence, one of the essential requisites to success is the early performance of the operation, before the local disease has been aggravated by the constant passage over it of the various articles of diet, and before the powers of the system are exhausted by the systemic infection, and by long

withholding of food. So soon as the surgeon recognizes the nature of the disease—and the symptoms are usually such when the patient is first seen as to leave little room for doubt—he should at once advise the establishment of an artificial opening into the stomach.

How much the operation can accomplish when thus early performed, how comfortable the patient can be made and how much the influence of the neoplasm upon the system at large can be curtailed, will appear from the narrative of a case, for the recital of which I will ask your kind indulgence.

E. Hunecke, æt. 53, a German tailor, consulted me for the first time on the 28th of October, 1880, and gave the following history of himself and his sickness. His father died at the age of sixty of phthisis and his mother of dropsy when sixty-five years old. He has one living brother who is sixty-two years of age and perfectly healthy. Of a younger brother he remembers that he had some disease of the cranium, which resulted in the loss of considerable bone (necrosis) and which the doctors called cancer. He ultimately, however, made a good recovery. He has never suffered from any venereal disease, and so far as other diseases are concerned he has never been afflicted with any serious organic trouble. About July, 1880, he experienced some difficulty in swallowing, especially dry food, which seemed to lodge somewhere in the chest, but with the assistance of liquids he generally succeeded in clearing the passage. Three times after swallowing pieces of meat he fainted, after they had reached the place where his food usually lodged, and after regaining consciousness the morsel had passed into the stomach. He sought medical assistance, and his case was declared to be one of dyspepsia, for which he was treated, but with no relief.

Status presens: Patient is moderately emaciated, of a peculiar yellowish complexion. His bowels are regular; complains of a want of appetite, and when he swallows large boli of food they lodge about the middle of the sternum. Does not vomit, but complains of pain in the epigastric region and along the left lower half of the sternum. Liquids readily pass the obstruction, but solid food must be finely masticated to be swallowed with ease.

Physical exploration of the abdominal viscera reveals nothing abnormal; has a slight cough, and mucous râles on both sides of the thorax.

On introducing an œsophageal bougie it meets with a slight obstruction about three inches before it enters the stomach, but the instrument readily passes the stricture. No appreciable glandular involvement.

Diagnosis: Incipient stricture of the œsophagus in the lower third, probably malignant.

For two weeks the patient was kept upon a nourishing diet, such tonics as the symptoms demanded, and for his cough expectorants were administered.

November 8th, the following is the record: Cough considerably diminished, difficulty in deglutition about the same; complains of considerable pain in the chest.

The patient, who is rather intelligent for one of his station in life and of a very philosophic turn of mind was advised of the nature of the case and its inevitable issue—death by starvation. It was explained to him that life could only be prolonged and made comfortable, but that his disease was not curable. The different methods of alimentation and their relative value were freely discussed with him, and he unhesitatingly decided in favor of the establishment of a gastric fistula, which operation was accordingly performed, under antiseptic precautions, at 11 o'clock A. M., of the 15th of November, with the assistance of Drs. Wesseler, Hickman, Fuhrmann and Mr. Miller a medical student. Before the anæsthetic, chloroform, was administered, the patient was directed to swallow a saturated solution of sod. bicarb. which, by the generation of carbonic acid gas and thus distending the stomach, afterwards greatly facilitated finding that organ.

An incision was made two inches in length, running from right to left in a diagonal direction, parallel with the cartilage of the eighth rib and at a distance of one and a half inches from the margin of the ribs. Before the peritoneum was opened it became necessary to ligature the superior epigastric artery. After the abdominal cavity was opened the left lobe of the liver and the distended stomach presented themselves. The latter was readily recognized and fixed in the opening at a point corresponding best with the incision, by two acupuncture needles stuck through it transversely and resting crosswise on the outer surface of the abdomen. By means of fourteen wire ligatures, which surrounded a piece of the stomach wall in the form of a circle an inch and a quarter in diameter, the stomach was attach-

ed to the abdominal wall, care being taken to pierce the stomach in its entire thickness, the abdominal peritoneum and the abdominal wall. The stomach was then incised within the circle of sutures, and two small blood-vessels of the stomach which bled profusely were tied, and the incision closed by means of a plug of carbolized gauze. The wound was then dressed antiseptically. Patient rallied well after the operation.

3½ p. m., pulse 72; temperature 97½°; feels weak, but is quiet; skin moist; no vomiting. Ordered quin. sulph. grs. x., and opii. pulv. gr. ss, with an ounce each of beef tea and whisky per rectum.

8½ p. m., perspired freely; pulse 78; temperature 98°. Drew off ℥iv. of straw colored urine; complains of thirst, but tongue is moist. Ice pills and enema repeated.

November 16th, 7 a. m., pulse 78; temperature 99½°; passed a comfortable night; much thirst; continued ice pills and ordered enema repeated.

9 p. m., temperature 99°, pulse 84; has been sucking ice all day, but still complains of thirst; slight tenderness over the wound; tongue coated; skin moist; ice bag applied over wound; enema repeated. During the night an injection of luke warm water to produce an evacuation.

November 17th, 7½ a. m., pulse 80, temperature 98½°. The injection was followed by two evacuations of normal color and consisteney. Ordered the nutrient enema repeated.

2½ p. m., temperature 99½°, pulse 84; is just awake from an hour's sleep; is very thirsty and says his stomach feels empty. Allowed him to take two ounces of milk and a drachm of brandy by the mouth.

7 p. m. temperature 99°, pulse 84. Has repeated the milk and brandy; feels comfortable but thirsty. Ordered nutrient enema repeated.

November 18, 7½ a. m., pulse 78, temperature 98½°; passed a restless night; suffered much from thirst. Milk ℥ij. per os; quin. sulp. et opii. pulv., per rectum.

2½ p. m., pulse 84, temperature 99°; has noticed gases passing through fistula.

7 p. m., pulse 78, temperature 98½°; has been very comfortable all day; has less thirst; tongue moist and slightly coated; evacuated bladder and bowels voluntarily.

November 19, 9 a. m., temperature 98°, pulse 84; has coughed considerable during the night. Expectoration consists of thick, yellow, tenaceous mucus. Changed dressings for the first time under spray. So far as can be observed the stomach has been united with the abdominal wall. One suture which is loose is removed. There is considerable tenderness around the margin of the wound, which extends into the left lumbar region. Mucous membrane of the stomach is everted. Brandy and beef tea āā. ʒj. were injected per fistulam.

1 p. m., patient is again fed through the fistula with rare-done beef, which he has first masticated; an ounce of brandy was also injected.

6 p. m., has sleep for an hour and a half after his dinner. Food is again introduced through the fistula, together with quin. sulp. grs. v; bis. subnit. et lacto. pept. āā. grs. x; tinc. nux vom. min. x. Thirst considerably abated.

November 20th, patient passed a comfortable night. On opening the dressings it was found that some of the food had escaped through the fistula, the plug having been forced out during a spell of coughing. Five sutures were removed. Patient was fed three times to-day per fistulam. Raw eggs, soup and rare-done beef being his food. In the evening he expressed a desire to defecate. Ordered an enema of tepid water, which was followed during the night by three copious evacuations.

November 21. There is an unhealthy blush about the wound, especially along the cartilages. No food per fistulam. During the day he coughed considerably, and toward evening he complained of much pain in the back and in the wound during his paroxysms of coughing. Ordered quin. sulp. grs. v., morp. sulp. gr. ¼ every four hours per rectum.

November 22. Left half of wound beginning to slough, presenting a deep cavity. Fluids run from the stomach through the fistula; tongue covered with a thick, dirty, yellowish fur; no evacuation since yesterday. Ordered hyd. chl. mit. in ¼ gr. doses and cit. mag. Dressed wound with carbolized oil. No food per fistulam. The patient, not having emptied his bladder during the day was catheterized in the evening.

After eight days the wound had entirely healed by granulation and feeding per fistulam was again resumed, and with the exception of a day occasionally, when he suffered from indigestion, he was fed three times a day until the present time.

On February 25th, I find the following in my record. Patient drove with me to a photograph gallery, about a mile from his house to have his picture taken. Walks out whenever the weather permits; has gained flesh and strength, but complains of much pain in the chest near the junction of the middle with the third lower sternum, and also of gradually increasing difficulty in deglutition. He has of late been unable to swallow anything solid, not even rice soup. Liquids pass without much trouble, but seem, nevertheless, to be detained for a little while at the seat of pain.

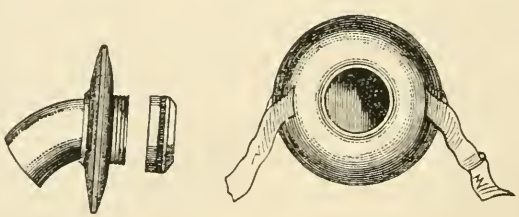
March 15th. Has been suffering for almost a week with indigestion and diarrhœa, which yielded, however, to bis. and lacto. pept.

April 19th. For the last month patient could not swallow liquids with ease, but has felt strong, and is on his feet much of the time, passing much of his time out of doors.

May 8th. Patient visited me to consult me for a slight ulceration which had formed at the juncture of the mucous membrane and skin of the fistula. Although very small, is exceedingly painful, more particularly when he is being fed. Argenti nitras was applied to it, and he was directed not to wear his obturator

The difficulty which others have experienced in obtaining a perfectly fitting obturator, which could be worn on the fistula, I have been able only partially to overcome. After devising quite a number of instruments, I found that the one, of which I pass the drawing around, answered the purpose best. It

Fig. 1.



must not be supposed, however, that this instrument can be worn continuously with comfort. For the most part he wears

between meals and at night, a plug of lint in the fistula, which allows him to move about freely without pain. As you see, it is shaped like a tracheotomy canula, without the internal tube, and is closed by means of a cap. When the patient wishes to eat, the external œsophagus, a rubber tube about twelve inches in length, is attached to the obturator. All his food whether solid or liquid, is first thoroughly masticated and insalivated, and, instead of being swallowed, it is spit into the rubber tube and thus passes into the stomach. The insalivation of food I have

Fig. 2.

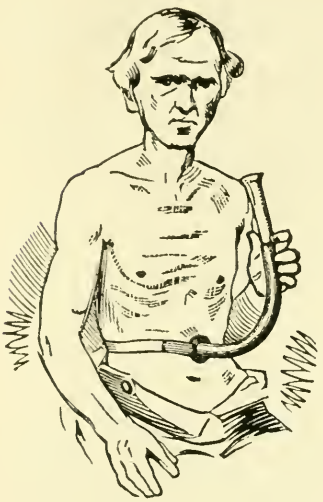
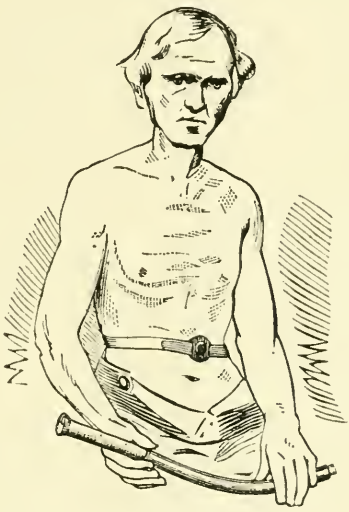


Fig. 3.



found to be of great importance. Nourishment without being mixed with saliva always lays heavily on the stomach, and liquids do not seem to quench his thirst near so well when poured into the stomach as when they are first taken into the mouth.

My professional duties did not permit me to utilize to its fullest extent this fistula for the purposes of physiological investigation and experimentation. This, however, I have observed, that among other interesting phenomena, that so soon as the patient began to masticate food, gastric juice flowed freely through the unprotected fistulous opening.

The question now arises, was this patient really benefitted

by this operation? Was his condition ameliorated? Was his life prolonged?

According to Siegfried Fisher* who has analyzed thirteen cases of cancer of the œsophagus, occuring in the surgical clinic and private practice of Prof. Rose, of Zuerich, the average duration of the disease from its incipiency until death, is seven months. Only he, whose lot it has been to have a case of this kind entrusted to his care, has an adequate conception of how miserably and utterly wretched the weary days and hours are spent until "death closes the scene," only can he picture to himself the horrid pangs of death by starvation. Compare on the other hand the six months already spent by this patient. By means of a nourishing diet, the avoidance of irritation of the new growth, and the administration of such remedies as seemed suited to the condition of the patient, the spread of the disease has been retarded, the systemic infection has been reduced to a minimum, and with the exception of the pain in the chest, which is a direct result of the neoplasm, he suffered very little, and, although death is inevitable, yet it has lost many of its horrors to the patient, and to judge from his present condition, many a day will pass before he will be summoned to shuffle off this mortal coil.

Unfortunately, the expectations, expressed at the conclusion of the above paper, although they were perfectly justified by the condition of the patient when the essay was read, were not fully realized as the following record will show:

June 15th. Patient complains of much pain in the chest and since yesterday has much cough and expectorates large quantities of muco-purulent matter, large mucous râles on both sides of the chest.

June 20th. Cough and expectoration continue and the fistula is extremely painful owing to the herpetic eruption which surrounds the opening for about an inch and a half. The inflammation of the skin is intensified by the constant flow over it of gastric juice, for the fistula can be only partly closed by means of a plug of lint.

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* Deutsche Zeitschrift fuer Chirurgie Bd. IV. Hft. 3 and 4, 1881.

The introduction of the obturator gives him great pain and he therefore allows himself to be fed only once a day and then will take but very small quantities. He is begining to emaciate considerably and passes sleepless nights on account of the pains in his chest and about the fistula.

July 2nd. Patient died of exhaustion. For the last ten days he has taken but little food. To the very last he complained very much of thirst, which nothing could quench.

In spite of strenuous efforts I could not obtain the consent of his relatives to make a post-mortem examination.

Article XVII.

Dermoid Cysts of the Ovary.* By N. M. Baskett, M. D., of Moberly, Mo.

Amid the many freaks of nature, which the physician and histologist are frequently called upon for explanation, perhaps none is so rarely met with and less studied by the profession at large, than the form of tumor, which is the subject of my paper. Not frequently during the course of a life-time practice does the physician meet with them, and then almost always as the result of post-mortem investigation. As they are frequently, if not always congenital in the region of the ovary, there are no distinctive symptoms by which the medical man can diagnose their existence. And if, as in the last few years, ovariotomy should be performed, it is generally due, to some complication which arises in connection with the condition which previously existed in the ovary.

The *locale* of the dermoid cyst is not confined alone to the ovary, but may exist in any portion of the body. Its favorite haunt is the ovary and the scrotum. Its name is derived not only from its ingredients but also from the character of cell formation which exists upon the internal wall of the cyst. These are distinctive in character; of a true epithelial nature they possess the power within themselves of reproducing all

* Read before the Moberly District Medical Association.

the forms of tissue which spring naturally from the epithelial cell. The process then is not so much abnormal as physiological, except that nature produces these growths in an abnormal situation. If we consult the physiological production of the fœtus in utero, we shall find an explanation for the growth of dermoid products in situations other than those in which they exist. We will suppose that the ovum by the rupture of the Graafian follicle has escaped from the ovary, and assisted by the cilia lining the fallopian tube is on its way to the uterus. In the uterus an albuminous coating is given it by the mucous membrane of the tube. Arrived at the uterus it comes in contact with the fecundating fluid of the male, and those mysterious processes are begun, whose termination will be the ushering into existence of a new being. The first factor in this process is segmentation of the ova or division of the original cell into many. As Dalton says, "The process thus commenced goes on by a successive formation of furrows and sections in various directions. The four vitelline segments already produced are subdivided into sixteen, the sixteen into sixty-four and so on, until the whole vitellus is converted into a mulberry shaped mass composed of minute nearly spherical bodies, which are called the vitelline 'spheres.' At last they have become so abundant as to be closely crowded together, compressed into polygonal forms and flattened against the internal surface of the vitelline membrane. They have by this time been converted into true animal cells; and these cells adhering to each other by their adjacent edges form a continuous organized membrane, which is termed the 'Blastodermic Membrane.'

"The next change which takes place consists of the division of the blastodermic membrane into two layers which are known as the external and internal layers of the *blastodermic membrane*. They are both still composed exclusively of cells. But those of the external layers are usually smaller and more compact, while those of the internal are rather larger and looser in texture. The egg then presents the appearance of a globular sac, the walls of which consist of three concentric layers, lying in contact with, and enclosing each other, viz. 1st, the structureless vitelline membrane on the outside; 2d, the external layer of the blastodermic membrane composed of cells; and 3d, the internal layer of the blastodermic membrane also composed of cells.

"This entire process of the segmentation of the vitellus, and the formation of the blastodermic membrane, is one of the most remarkable and important of all changes, which takes place during the development of the egg. It is by this process that the simple globular mass of the vitellus composed of an albuminous matter and oily granules is converted into an organized structure. For the blastodermic membrane, though consisting of only cells, nearly uniform in shape and size, is nevertheless, a truly organized membrane, made up of newly formed anatomical elements. It is moreover, the first sign of distinct organization which makes its appearance in the egg, and as soon as it is completed the body of the new fœtus is formed. The *blastodermic membrane* is in fact the *body* of the *fœtus*. It is at this time, it is true, exceedingly simple in texture; we shall see hereafter that all the future organs of the body, however varied and complicated in structure arise out of it by modification and development of its different parts. The two layers of the blastodermic membrane represent together the commencement of the organs of the fœtus. They are intended however for the production of two different systems; the entire process of their development may be represented as follows: *The external layer of the blastodermic membrane produces the spinal column and all the organs of animal life, while the internal layer produces the intestinal canal and all the organs of vegetative life.*"

It will thus be seen that originally the material, from which all the organs of the body with their various forms and modes of function are the same. In other words, that all the essentials for the production of a complicated organism exist primarily in the cell with a constant supply of albuminous material, or to advance one step in the histologic process, all animal organisms are produced from a basement membrane covered with cells, extracting from surrounding material, those elements which are essential to their vitality and secreting or producing, as the plant produces fruit, organisms of a higher grade than those from which the supply was originally derived.

Dermoid cysts as they exist in the ovary usually contain hair, fat, teeth, bone, cartilage and other products of cutaneous tissue. West in his work on "Diseases of Women" mentions these ingredients and then proceeds. "The presence of scales of cholesterine, or of small quantities of fat, is indeed often observed both in simple and ovarian cysts, and is due to the

rapid desquamation of their epithelial lining, and to the alterations which the corpuscles undergo. In these cysts, however, fat is present in much larger quantities, so that it forms layers on the surface of fluid removed by tapping, as firm as lard or even firmer; or collects, perhaps, into large or irregular flakes or masses or else into a number of small balls like marbles, of a yellow color, and of the consistence of tallow, shaped into these symmetrical forms by mutual attraction in the fluid, which partly filled the cysts of which there is a remarkable specimen in Guy's Hospital."

These cysts when found in the ovaries were for years considered as the result of fœtation outside of the uterus. Medical men could not conceive of the powers existing independently in the animal cell. They conceived that it must be impregnated with the fecundating principle of the male. Ziemssen Cyclopedia on the subject of dermoid cysts of the ovary says: "Formerly these cases were considered as a sort of imperfect ovarian pregnancy, which was supposed to occur with or without sexual intercourse. It is only recently that light has been thrown on these formations. His at first entertained the idea that the Wolffian duct was formed by the folding in of the horny layer; but this view, which was also advocated by Hensen was afterward discarded. Very recently however, His has modified his views, in which modification Waldyer concurs, so that they now believe that the first rudiment of the genital organs is developed from the axial cord of His, in the formation of which the upper germinal layer also participates, and that the horny layer contributes chiefly to its formation. From this we can understand, how formations of the internal skin can originate from parts of the upper germinal layer which have not contributed to the formation of the ovary, and fat, bones, teeth, etc., can be produced from the parts of the middle germinal layer, which also participated in the folding in of the axial cord. Ziemssen further states, that the first trace of these tumors is always congenital. "Their further development as a rule, begins after puberty, in exceptional cases even earlier." Mears removed one from a child six years and eight months of age, Spencer Wells, one from a child of eight. Both operations were successful.

Of the histological appearances Ziemssen says: "The internal surfaces of these cysts are distinguished by formations which are perfectly analagous to the external skin. The inner

surface of the cyst-wall, which is either smooth or uneven in places with isolated prominences or even actual protuberances exactly resembles in its structure the epidermic. Superficially we find thick horny layers of pavement epithelium, whose nucleated, flattened and finally rounded cells follow each other in exactly the same manner as is seen in the outer skin as far as the rete malpighia. Under the epidermis is found a connective tissue resembling that of the cutis which, however, does not always resemble papillæ, and in no instance papillæ as regularly arranged as are those of the skin. But a fatty layer corresponding to the paniculus adiposus is always found beneath the cutis, upon which the external connective tissue envelope of the cyst rests."

Hair follicles with their hairs and sebaceous glands opening into them are also found in these tumors. Sweat glands also exist. The hair is usually found rolled up in a ball or mass, is usually of a reddish color, and is agglutinated by a caseous matter resembling putty, provided no fluid is secreted by the cyst-wall. The bones and teeth are generally found in a small sac and attached to the cyst-wall. These usually have to be ruptured before they can be removed. The fatty like masses are the deteriorated and exfoliated epithelial cells of the cyst walls. Crystals of cholesterine, xanthine, tyrosine, urea, lensine and oxalic acid are found in this substance. In rare instances gray cerebral substance, and sparse transversely striped muscular fibres have been found on the inner wall of the cyst. It was through the researches of Dr. Kohlrausch, a German physician, assisted by a co-laborer, Dr. Steinlein, that the theory of extra-uterine impregnation was abandoned and these anomalies of nature placed upon a truly physiological basis. Besides the existence of these growths in the scrotum of the male, and existence of true dermoid cysts in various other situations upon the human body as noted by numerous observers, has done much to clear up one of the many mysteries of histological formations, and to modify the views of earlier investigators. West in his "Diseases of Women" has given a table of 441 cases of dermoid cyst of the ovary, 96 of which were collected by S. Lee, 215 by Chereau, 41 by Scanzoni and 92 by himself. This table shows that of these 208 were cysts of the right ovary, 169 of the left and in 69 cases both ovaries were diseased. He states, however, that in two cases he found it impossible to diag-

nose which of the two ovaries were diseased during life. He accounts for this on the ground that the ovarian ligaments become twisted during the enlargement of the ovary producing an enlargement of the abdomen beyond the mesial line and the side opposite to the one on which the disease exists.

In a case which occurred in our own city the left ovary was found containing the usual ingredients, the organ having become nothing more than a mere cyst containing fully a pint and a half of caseous material which resembled butter, and which solidified and floated upon the surface of the water used when removed from the cyst. A ball of hair and an attempt at the formation of teeth was also found. A majority of the gentlemen present at the post-mortem pronounced it an extra-uterine pregnaney, notwithstanding the lady was a widow whose husband had died eighteen years ago. The writer was the only person present who objected to the diagnosis, and gave the cause as assigned by our late authorties, for these growths. He does not refer to this subject now with any feeling of personal selfishness but to show the injustice that may be unwittingly done. The writer believes that many cases of reported extra uterine pregnancy, were really dermoid cysts of the ovary.

These growths usually remain stationary during life. In many instances however, particularly about the period of puberty and the grand climacteric, they undergo further development and grow rapidly. "Sometimes they discharge themselves into the neighboring organs, most frequently into the rectum or bladder. In the latter case atheromatous masses and hair and sometimes fragments of bone are found in the urine. In a case reported by Blick and Winge. the cyst had apparently grown into the bladder, its contents had been discharged, and its inner walls had become inverted, so that it finaliy formed a polypoid tumor covered with hair, which projected into the bladder and caused excruciating pain. They may also break through the abdominal wall and occasionally through the vagina. Perforation into the abdominal cavity is rare. Simultaneous rupture into several organs may also take place. Larrey saw a case of rupture through the abdominal walls and the bladder, (Spencer Wells), and a case of hydatid pregnancy of the ovary described by Greenbalgh, in which the cyst communicated with the rectum, bladder and navel belongs to this category." (Ziemssen) All the works that I have consulted on this subject give the

same general outlines, and concur in their descriptions of the cause of formation and appearance of these cysts. Holmes in his Principles and Practice of Surgery, also mentions another form of dermoid cyst, whose habitat is the face, whose size is not often larger than a marble, and which presents many of the characteristics of the ovarian cyst. I will however, content myself by referring the Association to Ziemsens' vol. X. on Diseases of Women, Rindfleischs' Histological Pathology and Holmes on the Principles and Practice of Surgery, for a full and clear description of this variety of tumor. What little I have given in this paper is drawn principally from these sources.

The impossibility of diagnosing from other forms of tumor is apparent; only an escape of the contents will reveal to the surgeon the character of the cyst. In cases of rapid growth, ovariotomy is the only operation that will give relief. Unless rapid growth should occur the patient will suffer but little inconvenience.

ARTICLE XVIII.

DIAGNOSIS.* By J. W. HAWKINS, M. D., of Canton Mo.

Diagnosis is a branch of medicine perhaps of as much importance to the true physician as any other.

What is the matter? is the first question that arises in our minds, when called upon to prescribe for a patient.

In our works on the practice of medicine, we have diseases named, their symptoms and treatment laid. Now if we follow the treatment laid down in the books it is apparent, that a correct diagnosis must be made, or our patient suffer the evil consequences of mal-practice.

No practitioner can afford to neglect the study of diagnosis. A deviation from the normal, physiological state, is a pathological condition and therefore one of disease. Fever is not a physiological phenomenon, no one at the present time will claim that it

*Read before the Lewis County Medical Society at Monticello, May 18th, 1881.

is, then it must be a pathological condition and therefore one of disease. Fever is correctly regarded and treated as a diseased condition of the organism. As there are many different causes of disease, so there are many different forms of fever. And it devolves upon the physician to determine the particular class and temperature of the fever, he is called upon to treat. Without a knowledge of anatomy, physiology and pathology, no man is prepared to correctly interpret and understand the phenomena of disease either of a general or local character.

The process of diagnosis is defined to be not the simple tracing of effects, to causes, but by perceiving some particular entitus of disease, we infer the existence of others which we know to be generally associated with them.

For example, in the first stage of measles we may only find a little fever and cough, from these we are led to infer that there will shortly appear redness of the eyes, sneezing, sore throat,and an eruption of the skin, beginning upon the forehead, nose and chin, gradually spreading over the body downward to the extremities. In this way, from the fever and peculiar sound of the cough we are enabled to make our diagnosis and name the disease long before it is fully developed.

To a certain set of symptoms or phenomena of diseases we give certain names, as variola and typhoid fever; these names convey to our minds what we believe to be the most important structural and functional changes occurring in the given named diseases.

The difficulties attending diagnosis are known and appreciated by every practitioner of medicine. For example, the first stage of hooping-cough will tax all our knowledge to determine the nature of the disease, we are left almost entirely to inference, nor do we feel entirely satisfied with our diagnosis until we hear the peculiar pathognomonic cough attending the latter stage of the disease.

In making a diagnosis of every disorder we are called upon to treat, we make a practical application of what we know about physiology and pathology; should we lack information and observing capacity, we will be most likely at fault in our diagnosis. Diagnosis then is based upon pathological knowledge, and the fact or act of observing the symptoms or integral parts of the disease, in other words, diagnosis is a scientific classifica-

tion of the phenomena and the correct interpretation of the conditions under which they occur.

It may be objected that our physiological and pathological knowledge is imperfect, therefore our diagnosis will be correspondingly uncertain. While this objection can be sustained yet our diagnosis is sufficiently exact to enable us in a large majority of cases, to predict with tolerable certainty the final termination of the disease. We do not claim that medicine is a complete science but that it is progressing towards that end will hardly be doubted. Daily new ideas, thoughts and facts are being brought to light. It is now believed that fever is merely an increase of temperature and is but the result of morbid influences or conditions of the nervous system influenced or caused by certain morbid agents. There is according to recent observations a normal physiological range of temperature in the body, the minimum being at 7 A. M. the maximum temperature at 9 P. M. And that fever follows a similar law.

The vaso-motor nerves, the nerves of secretion chiefly control the normal limits of heat.

A contraction of the capillaries of the skin and secretory organs raises the temperature of the body; on the other hand, relaxing the capillaries of the skin and other secretory organs reduces the temperature of the body. This is daily verified in the practice of medicine and especially it is apparent in the disease known to us as asthma, this I have at last proved to my entire satisfaction, although it is not a disease attended by a high grade of fever, yet the true pathological condition consists in the contraction of capillary vessels of the bronchial tubes over stimulated or excited through the morbid action of the penumogastric nerve.

In conclusion allow me to allude very briefly to the work of the Lewis County Medical Society, there are many I am led to believe who think our Society meets here for no other purpose than to invent ways and means by which we can fill our pockets at the expense of our patrons. Who is, or whether any one is responsible for this prevalent opinion, I know not but I fear to some extent those who are entitled to seats in our Society, but never fill them, have a hand in this matter, yet I hope it is not true. To the matter of Fees, our prices are lower in this county than any place I ever heard of, on this point then we certainly are invaluable.

Let me ask you if your attendence at the meetings of this Society has added anything to your stock of medical knowledge has ever enabled you to treat a single patient better than before? If it has, then you have been benefitted, for myself, I will say that I have never attended a single meeting when I was not fully compensated for my time and trouble of coming. Gentleman I hope we will be able to sustain the Society and make it even better tnan it has been. If it should be no better in the future than it has been in the past, it is eminently worthy of being continued.

ARTICLE XIX.

OBJECTS OF MEDICAL ASSOCIATIONS.* By J. T. BINKLEY, M. D., of Shawneetown, Ill.

Mr. President, and members of the Southern Illinois Medical Association, as Chairman of the Committee of Arrangements of this Association, I welcome you to our town and homes.

Whilst we cannot offer you excursions to points commemorated by ancient historic events, or a musical entertainment, whereby the soul may be feasted and the ear delighted, yet, we hope your time will be quite as profitably spent, and when you have left here, you will feel that it was good for you to have been with us.

In our meetings we have a double object in view, viz: 1st. The coming together, renewing old friendships and forming new ones; 2nd, presenting papers upon different medical subjects, that they may be subjected to the views and criticisms of others, thus improve ourselves by interchange of opinions upon the various topics presented, thereby increasing our general knowledge in the healing art, so to be better prepared to discharge our duty to those seeking our counsel.

The time for medical men to sit on their cushions of ease and indolence has passed. We are living in an age of improvement and letters; our well devised public school system is so enlightening and is elevating the standard of education and knowledge

*An address to the Southern Illinois Medical Association, June, 1880.

in the rising generation of our country, that the time is not far distant, when the public will require of every member of our profession a thorough qualification and membership of some regularly organized medical association that he may be a helper rather than a clog in the wheels of science. We unhesitatingly admit that many who have passed through some of our *doctor-mills*, and received their highest honors, are less qualified than some who hold certificates under our ten year law, regulating the practice of medicine in our State. This new law has had some wholesome tendencies. It has driven from our State quite a number of unqualified practitioners and advertising charlatans, and by their registration exhibited to the public, the status of every physician in our State.

Notwithstanding, it has some defects; it has been of much benefit to us, and we hope the good thus begun will increase, and ere long the statutes of each State be so revised and amended that all of our medical colleges will be compelled to make merit the paramount qualification for the degree of medicine, or close their doors. Brethren, I find some in our midst who look suspiciously upon our meetings, regard them as being for the purpose of raising prices, etc. Even some who are professed followers of Æsculapeus, lend aid to this ungrounded misrepresentation. Others manifest a curiosity to know what is done and said, what our objects are. Let me answer all of these interrogatories by saying to all such, if the business in which we are engaged to-day, had been appointed to celebrate a physical triumph, no one would question its meaning or entertain a doubt as to its importance. Intellectual attainments, achieved silently and imperceptibly, are impalpable in their nature, and therefore, not appreciated as they should be. The senses take cognizance of our amazing physical triumphs, and we look for similar evidences of progress in intellectual pursuits. Steam has not only subdued the wilderness and brought the most distant points into close proximity, but furnishes a power which almost relieves men from the necessity of toil; the electro-magnetic fluid measurably confers ubiquity upon us; light is thrown upon a polished plate, and a perfect image of the object from which it is reflected is fixed there.

These wonders in the arts, with others equally astounding, meet us at every turn, and too often lead us to expect achievements equally striking in the domain of intellect. The human

mind, ever in active exercise, though unobserved, is constantly accomplishing great results. It is impossible to estimate with any approach to correctness, the extent and value of our mental attainments. Between the acquisition of physical and intellectual stores, there seems to be a great contrast which sometimes causes us to be impatient at the supposed difference. But when we examine the matter somewhat more closely, we discover the error. If ever so successful in making physical acquesitions, we can secure but a few square miles of the earth's alluvial crust, then we are *rich*, reputed so by all. But yet how small a share of the whole.

On the other hand, by our labor in the domain of intellect, we may secure a vast proportion of its entire extent. Property here is common—free to all; there are no metes and bounds—no "thus far shalt thou go." Moreover, of all the property that a man can possess, there is none so peculiarly his own as that which results from the labor of his mind. The fruits of the field are acquired by the labor of the hireling, and beasts of burden; products of manufacture mainly by the movement of machinery, but it is by his own toil, by the exercise of his own most exalted faculties, that man creates the products of his mind. He is the true artificer of his own fortune. Many expedients have been devised to abridge the labor of study, and discover a nearer approach to mental excellence, but in vain.

Experience teaches that excellence is never granted to man but as the reward of effort. There is no law in the philosophy of mind more generally acknowledged that the existence of the nicest possible relation between the exercise of its powers and their harmonious development.

We have in the study of our profession, one of no circumscribed limits. It reaches out on every side for materials wherewith to construct its stately edifice, and from which to dispense its manifold gifts of healing. No royal road will be found to conduct its votary with rapidity and ease to the goal of his desires. But with unwearied diligence, and with unfaltering steps, he must be content to push his upward march, sedulously availing himself of every means within his reach to acquire the requisite degree of perfection.

Among the various avocations of life from which we are called to make our selection, there is certainly none requiring a higher standard of moral and intellectual perfection than that of

medicine. To be a thoroughly accomplished physician in this present age of universal development, involves no slight degree of mental discipline. The physician is aptly styled "the priest and interpreter of nature." This very idea presupposes an intimate acquaintance with the laws which regulate her various kingdoms—animal, vegetable and mineral—together with a knowledge of those higher and more noble operations of the mind, which especially distinguishes man as an intelligent being. It will be readily granted that the great business of the physician is to minister at the bedside of the sick and suffering.

When disease lays its ruthless hand upon its victims, there is an instinctive looking out for aid at the hand of the physician. Indeed, so much does he become identified with sickness, that the great mass of people regard the practitioner merely in the light of a dispenser of drugs.

Little do they know, for never have they reflected, at what a cost of unwearied study and persevering application, or at what a sacrifice of personal ease and comfort, if not too often health, he has established these principles, and arrived at those conclusions which now enable him to combat with the foe, calm amidst the tumult of disease, and confident in the correctness of his appliances. All that the people regard is the result. Has he saved his patient? They stop not to enquire how this result has been attained, nor do they trouble themselves to investigate the different processes by which he has been enabled to form his diagnosis of the disorder, or to adapt his remedies to the case.

The truths which collectively constitute a complete medical education, are, in their isolated state like crude material of which a ship is constructed. They must be selected with special reference to the purpose for which they are intended. Ideas of facts which would be of the greatest value to the lawyer, or clergyman, might be comparatively useless to the physician—like the crook in the oak that would be useless in the construction of a dwelling, and yet the very thing that is required in the keel of a vessel. It is important that we should understand the best method of using the knowledge we have obtained. The acquisition and possession of knowledge is very different from its use and judicious application. A person may have a vast fund of information, and at the same time be incapable of employing it successfully.

When we speak of medical education, we mean something

more than the attainment of medical knowledge; we include in addition to this, the ability to use that knowledge to the best advantage. This constitutes the art of our profession, the application of our knowledge of disease and its appropriate remedies. A man may understand the science of music without being able to perform the simplest piece, or he may be thoroughly versed in mechanics and yet have no skill as an operator.

The successful practice of medicine requires not only a rigid discipline of the mental faculties, but also a careful training of the special senses. To the latter, the physician is indebted for his knowledge of disease, and his means of making a correct diagnosis. By hearing, we learn the condition of the heart, lungs, etc., by the sense of touch, the force, frequency and quality of the pulse, likewise by sight, the general appearance of our patient, the condition of the tongue, and by the sense of smell, the peculiar odor incident to many forms of disease.

Gentlemen, members of the Southern Illinois Medical Association, as I have, perhaps, already occupied too much of your valuable time, I will ask your forgiveness, and offer as an apology, the importance of the subject.

ARTICLE XX.

TYPHO-MALARIAL FEVER*. By S. M. FORREST, M. D., of Renick, Missouri.

As the season for the so-called typho-malarial fever is at hand, it is an appropriate subject perhaps for our consideration at present.

It is not our intention to enter upon the pathology of typhoid or malarial fever, but simply to point out the difference between the malarial and the typhoid manifestations of the disease.

As to the differential diagnosis between malarial and typho-malarial fever, it is I think very silght.

The special poison or virus of typhoid and malarial fevers has been regarded by some observers as a germ, by others as

*Read before the Moberly District Medical Association.

a gaseous emanation, and by others as a vegetable organism, and so on.

There is no disease or condition in regard to which there has been such a diversity of opinion as this same typho-malarial fever. Many men denying the existence of such a disease.

One will say that it is an aggravated typhoid, another that it is intensified malarial fever; another that it is the two diseases combined, and by some others it is known as a malignant bilious remittent fever, and by another class of physicians, is called congestive fever.

A fever that is accompanied by great oppression and depression, a fever in which it is impossible to induce a reaction. Neither antipyretic nor antiperiodics, having any appreciable effect upon the fever.

Gentlemen, cases that I have heretofore diagnosed as typho-malarial, I am satisfied have been of the types of fever last named, that is either of the congestive, or of the malignant bilious remittent type. Such cases I have treated with less success than anything else I have been called upon to treat.

Such cases are attended with a degree of malignancy, with a degree of visceral and cutaneous congestion that is not observed in typhoid.

In the summer and autumn of '79, we had this fever prevailing extensively.

At that time I diagnosed it typho-malarial. This fever did yield to malarial treatment. In fact *quinine* in my hands undoubtedly exercised an unfavorable influence over the progress of the disease.

In this class of cases we haven't that periodicity in the febrile action that we have in typho-malaria.

There is a certain icterode hue of the skin with hepatic tenderness, with a gastric tenderness, and disturbance not associated with typho-malaria.

The aggravated gastric disturbance, conjoined with a capillary congestion of the skin, marks this, I think, as a congestive, a malignant or a septic type of fever.

The first mention we have of typho-malarial fever, I believe, was during our civil war.

The designation originated with the army of the Chickahominy, along whose swampy banks many men fell victims to the combined influence or poison of typhus and malaria.

Gentlemen, since I have come to consider the subject, the diagnostic difference between typhus and typho-malarial fever, to my mind, it is very slight.

I have almost come to think the designation a mismomer.

If there is such a disease, it is an intermittent fever, of a tertian or of a double tertian type, which has been of a few days, a few weeks or a few months' duration, just as the inception of the malarial poison may have been, and about the only significance the malarial element has, is the condition of the patient at the time; the typhoid symptoms or poison was engrafted on to the malarial condition of system.

If one is prostrated by malaria, he will not endure typhoid so well, the vital and recuperative forces being already prostrated; there is less resisting force, hence one is more likely to succumb to typhoid.

It should be remembered that the cause of typhoid and malarial fevers is a poison circulating in the blood. In the case of malaria, it is due to a poison that antiperiodics, will rarely controll unless the nerve centres are so completely over-powered that visceral congestions are induced. Such as we have in the so-called pernicious fever or congestive chills, otherwise quinine will control malaria.

Such cases will undoubtedly exercise an unfavorable influence on typhoid fever. But whilst malaria may be the remote, yet it is never the immediate cause of death in those cases.

This is not true, however, with regard to the poison circulating in the system, for as yet, we know of no means of eliminating this poison from the system after its introduction. This typhoid poison is something that can't be eliminated from the system by antiperiodics, neither can it be vomited or purged out, nor can it be met and antagonised in the system as can malaria. But when the characteristic phenomena of the disease are present, the poison is already active, and it will continue to act until the time shall have been reached when it has finished its work.

It is a self-limiting fever, and as in all self-limiting diseases we are powerless to shorten the duration or to prevent its developments after the poison has once produced its characteristic phenomena.

Again we say, unlike malaria, we have no agent that will neutralize or antagonise this poison. The symptoms which

may be regarded as indicating an unfavorable termination, are a continued high temperature showing no tendency to remission. The character of the prevailing fever will also influence prognosis in any given case.

If the type of the prevailing fever be light, recovery is always probable, if on the other hand, the type is severe, then the prognosis becomes unfavorable. As to treatment, no plan can be presented which will be appropriate to all cases.

The therapeutic measures must vary with the type of fever, and the peculiarities of each individual case.

When malarial manifestations predominate, quinine as an antiperiodic, quinine in antiperiodic doses will produce the desired result.

All cases which are followed by remissions, and exacerbations are benefitted by quinine. And I would give it in doses of ten or fifteen grains, and repeat the dose every three or four hours, until the desired quantity has been reached.

If it is freely administered, it seldom fails to produce a favorable result. The exacerbation seldom reaching its former height.

However, there is an amount of gastric disturbance in many cases that contra-indicates the use of quinine by the stomach In such cases I would use it endermically, over the region of the stomach, in the form of a poultice; some cases not tolerating the remedy well. I think it well, also, to administer it in solution, as it is often not readily digested.

As to the typhoid element or the enteric phenomena of the disease, the reduction of temperature and the constitutional condition of the patient, is about all that is necessary to speak of.

As to the reduction of temperature, I think the antipyretic effect of water overshadows every thing else. I like the cold bath or the cold pack, but still I am not a stickler for this alone. I don't quarrel with a fellow colleague, if he prefers warm water. A reduction of temperature is the result, if water is used freely, regardless of the modes of its application. I like to have my patient placed in a tepid bath which is reduced to a lower temperature, by the gradual addition of cold water, till the point desired is reached.

Our principal object should be to diminish the temperature of the body and make the patient comfortable.

A low fever which lasts long is dangerous, as all fevers tend

to produce disintegration of tissue; and also retards tissue metamorphosis. Hence a reduction of temperature is the one thing desirable. I also like the antipyretic power of quinine in connection with the bath.

We should not forget also to look after the patient's general condition. A supportive plan of treatment should be adopted from the inception of the disease.

Stimulants are especially indicated whenever signs of heart failure are present, such as a feeble pulse, and an indistinct sound of the heart. Alcohol like the other agents mentioned, has no specific curative effect.

But the object of its administration, is to support the heart power, and to prevent the vital forces from falling below that point at which reparative processes are possible.

ATRICLE XXI.

Translations.

FROM THE FRENCH.

EXERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

NASO-CRANIAL OSTITIS.—Prof. Fournier in a lecture on the syphilitic form of this affection, thus concludes:

1. If, in the great majority of cases, syphilitic nasal ostitis creates no danger to life, there is nevertheless one kind which is an exception to the rule. This kind is ostitis of the roof of the nasal fossa, *naso cranial ostitis*, which owes its dangerous character entirely to its locality.

2. The danger of this naso-cranial ostitis is a tendency to irradiate towards the organs contained in the skull, the transmission being anatomically propagated by various lesions, the

most common and principal ones of which are: Meningitis, encephalitis and abcess of the brain.

3. Clinically, these cerebral complications present themselves under two forms:

a′ A chronic form, characterized by vague symptoms of encephalitis, slowly progressive, with sudden and apoplectiform termination.

b′ An acute form, characterized by symptoms of an incomplete, irregular encephalitis, which becomes rapidly mortal.

4. It is not rare for these cerebral complications to remain absolutely latent, in a clinical sense, and terminate in an unexpected manner by a sudden death of a fulminating character.—[*Annales des Maladies de l' Oreille etc.*

ATROPHIC ALTERATIONS OF TEETH.—During first dentition, the alteration is seen first on the canines, the second bicuspids, the first bicuspids, the median and lateral incisors. The order is different for the second dentition and it is a singular fact, that the teeth which first appear are attacked very late or remain intact. It is also remarkable that if this affection acts on the teeth of the first dentition, those of the second enjoy immunity.

It is the alterations of second dentition that have been particularly studied. It may be said in a general way that the lesions are found in homologous teeth of the same jaw. The teeth of the upper jaw are always more deeply involved than those of the lower; also more on the right than on the left side. As to the order in which these alterations appear it is first in the first molar, which appears at the age of five or six years, before the deciduous teeth have fallen. Next in order are the median incisors, the lateral and the canines; the second molar and wisdom teeth seem to be always intact.

The lesion is an alteration of the enamel and dentine. In regard to the enamel, it is altered sometimes in quantity, and at others in quality. It may be in patches or entirely wanting It may be unaltered in composition, or it may be very friable cracking easily, and then it is yellowish, smoky or blackish.

Pyrexias and neuroses have been attributed as causes as also rickets and syphilis. The latter is an undoubted cause, and supported by the other evidences, cutaneous and osseous, of syphilis.—[*Journal de Méd. et de Chirur. Pratiques.*

METHOD OF PRESERVING VACCINE VIRUS.—Dr. E. Benoit chooses a good pustule at the seventh or eighth day. He fills two or three tubes with the virus, closing them with wax. These are then taken and plunged in a test tube filled with lard and carefully corked. When needed, a tube is withdrawn, the virus expelled and rapidly inoculated. He has used virus thus preserved two years after gathering it, with success.—[*Lyon Médical.*

ACTION OF TOBACCO ON THE GENITAL ORGANS.—Dr. Jacquemart has collected a great number of cases showing a diminished genesic force from the action of tobacco. Its action is especially noticeable in women employed in the government tobacco works. In one hundred cases of pregnancy, there is found an average of forty-five per cent. of abortions or premature labor; fifteen per cent. of the children born die in a few hours or days after birth. The mortality of children suckled by those women is ten per cent. greater than if suckled by strangers. Sterile unions amount to about eighteen per cent.—[*Paris Médical.*

FERMENTS OF THE URINE.—M. Béchamp, thus concludes his researches on the subject:

1. Atmospheric germs cannot penetrate into the bladder by means of the urethra; it is anatomically impossible.

2. Supposing that the germs of ferments penetrate into the bladder, through catheterization, they are not the cause of ammoniacal fermentation.

3. Even by affirming that atmospheric microzyma exist and become bacteria, it is certain that they are not the immediate cause of the ammoniacal fermentation of urine.

4. Bacteria may exist in the urine contained in the bladder, without causing fermentation.

5. When urine in the bladder becomes ammoniacal, the phenomenon is secondary to a lesion or morbid state of some part of the urinary apparatus or to a diathetic state etc.

6. The fact that urine may be ammoniacal in the bladder, and that this state is coincident with the presence of infusoria, tends to show that we must distinguish microzyma in a state of

cell. It is not known what law determines the shape of the animal or vegetable, and these variations of development which are as often seen in the vegetable kingdom as in the animal, would seem to disprove that this phenomenon we term mind is capable of exerting such influence, for we can hardly attach mind to the vegetable. If we knew what determined the normal condition, we could arrive at some conclusion as to the abnormal. But all we know is that each and every living organism is determined and formed by a force acting either from within or from without. What that force is I know not, but it is a fact we can observe every day. Now at what period the abnormal law would come in or arrest its development, is equally unknown as the law of development of the simple cell, and still these variations take place, and they take place in the vegetable kingdom and in crystals, so that one law holds good through the vegetable and animal kingdom. Now when we arrive at brain and spinal marrow in the animal kindom we have that thing we term mind. As soon as ever we have an animal system and a development of spine and brain, we have a consciousness of an objective world. Now the forces acting upon this, or the forces within itself determine the shape, and here also comes up development under the laws of plastic matter, furnished by the male and the egg of the female. Now the question comes up of the connection of the fœtus when it is deposited in the mothers womb. Can any objective force acting on the subjective senses and consciousness of the woman affect the development of the child in utero? We know there is a connection of blood through the vascular systems, so that if these variations of abnormal development take place in the vegetable kingdom without any mind, then these variations of development may also take place in the animal kingdom without mind. So much with regard to the evolution of the subject. Now as regards the sight of disagreeable objects. We know that sudden impressions, a sudden jump, a sudden fright does affect the action of the womb. This is easily explained through the brain and nervous system. This being the case these objects which are offensive to the senses of the refind, ought not to be permitted on our streets. The truth is, that with our civilization no man or woman who is hideous in form, ought to be permitted to walk the streets.

DR. FAIRBROTHER.—This is an interesting subject to me. I don't know anything that would contribute to its elucidation so much as the collection of facts, not rumors. We usually have a predominance of rumors, second and third hand reports. I have always been inclined to be sceptical with regard to the matter of maternal impression. Part of these phenomena can only be explained on mechanical grounds. First, because anatomically the fœtus in utero is separated from the mother in the nervous system, and in the second place, because we can account for certain amputations by the cord, for certain changes caused by pressure resulting in capillary congestion, and finally, in marks and other deformities on the child, by such unnatural conditions upon the fœtus in utero, but we cannot help denying various startling effects which have been attributed to maternal impressions, on the premises of development, and the one referred to by Dr. Coles is in point. And there are others reported by reputable men that bear strongly on this subject. One came under my own observation this summer—this past fall, a case strongly militating in favor of the theory of maternal impressions. A woman of good honest character gave birth to a child without two fingers of the right hand. She said she expected that. She didn't seem surprised at all when she was informed that the hand was deformed in that way, because when she was about three months pregnant, a neighbor came in who lived next door, but she had never noticed his hand before that time, his hand being defective in that respect—being deficient two fingers. The amputation on this child's hand corresponded identically to that of her neighbor. The woman gave such a straightforward account of the matter that one could hardly help giving her credit for its truth.

DR. PREWITT.—Dr. Coles raised a very interesting question it is true, but instead of the weight of evidence being against it, the weight of evidence is in favor of it, so far as the public are concerned. It has been believed from time immemorial that maternal impressions do influence the fœtus. It is true, as scientific men, we should not be biased by what may be a popular impression of it. Now we are told, that three thousand years ago the patriarch Jacob in order to increase his share of the flocks, placed before the females of the flock, rods that were striped during the rutting season, because the young that were

ring streaked and striped were to be his, and he increased his flock immensely in that way. The fact would not be doubted by a large proportion of mankind, coming to us upon what would be considered unimpeachable authority. Here the impression is supposed to have been made at the time of conception. In regard to maternal impressions influenceing the fœtus during pregnancy, the impression ought to be made before the development has progressed to the full shape and form of the child. Now we have a good many deformities in children that are the result of an arrest of development, clearly, plainly an arrest of development. You all understand that, and if we could understand how any maternal impressions could so influence the fœtus as to arrest the development, then we could understand how these things might occur. But even then the striking part of it would be that the particular organ—the particular structure should be involved corresponding to the object seen. Take the case referred to by Dr. Fairbrother. The man's hand was deformed and the child's hand was likewise deformed. The impression must not only be an impression from the mother transmitted to the child, but such an impression as would affect precisely the same tissues of the child to give it the force that these ideas would imply. It is only during an early period of pregnancy that the developmental force inherent in the germ determines the shape and form of the child. After a certain period after the organs are formed, how could we expect that they would assume a particular form corresponding to the shape of the object seen? It would be a retrograde process, and not an arrest of development and we can hardly conceive that to be possible. In Gœthe's "Elective Affinities" he gives expression to one phase of popular belief as to the affect of mental depression at the time of conception, the husband and mother, the hero and heroine of the story were in love with somebody else than themselves. The husband with some other woman, and the wife with a certain friend of the husband, and at the time of coition each was thinking of his particular affinity, and the conception which took place at this time was followed by the birth of a child, as much like the two individuals as though it had been their own offspring. He simply embodied the popular notion about these cases, but it is a wide-spread belief, and as Dr. Fairbrother says, it can only be determined by facts. Certainly remarkable effects upon the fœtus may be

produced through the nervous system of the mother, as shown in the case referred to by Dr. Coles where the child presented burns just where the mother had been burned; almost an exact reproduction of the burns of the mother. It is, of course absurd to talk of the heat having penetrated the mother's body. No such thing could have occurred. It could only have occurred through nervous impressions in some way. It has been stated by some authorities that there are no nerves in the the fœtal cord; others contend there are nerves and we must admit the probability of their existence. We could scarcely conceive of any tissue in the body containing blood-vessels, that is free of nerves. There must be nerves. There must be vaso-motor nerves accompanying the arteries and vessels of the cord, and I think that it will yet be demonstrated that there are nerves. It is reasonable and probable that there should be. In any event it is not unreasonable to suppose that there should be some nervous influence conveyed from the mother to the fœtus, considering the very intimate connection of the two. That such nervous impression should influence a particular portion of the body of the fœtus, causing a deformity corresponding to the effects seen by the mother, would be marvelous indeed. Now in Dr. Coles' case in which the child had eyes like a rabbit's, it is probable that the mother didn't see the rabbit's eyes—probably could not have told what they looked like, so that it could hardly be cited as a case bearing upon this subject. If it had had rabbit's ears then we should understand its bearing better. In the case referred to by Dr. Fairbrother, if we admit the fact, we have the child's hand deformed precisely as the hand of the man she happened to see. Now there is nothing but nervous impression, if we admit that the mother of the child was of good character. The deformity of the child corresponded to the deformity of the man. And I must say that a greater number of the profession are beginning to admit the possibility of these maternal impressions than was formerly the case. I must confess I am not satisfied about it. I formerly was disposed to scout the idea of the possibility of any such thing; I am not so certain about it now. In fact these cases that come up now and then, are so striking that it is difficult to dismiss the subject, or get around them. That case where the burns on the child corresponded to those received by the mother is one in point, and how can we explain it? How

health from those become morbid from some alteration of any one of the parts of the urinary apparatus or from a general state.

7. The zymosis which causes the urea to ferment is the result of the morbid alteration of the function of microzyma, for all soluble ferments are secreted by something organized.

8. The ferments of ammoniacal fermentation cause sugar and starch to ferment.

9. There is an acid fermentation of the urine, and the ferments of this also act upon starch and cane sugar.

10. By means of carbolic acid or creasote the evolution of the microzyma of the normal urine may be prevented, and as a consequence, ammoniacal alteration.—[*Bull de l' Acad. de Méd*,

A DIRK IN THE BRAIN WITH NO UNTOWARD SYMPTOMS.—A man quarrelled with his wife, on account of some domestic matters and resolved to end his life. He took a small dirk 10 c. m., long, placed it vertically on the top of his head, and by the aid of a hammer, drove it in up to the hilt. This done he felt nothing unusual. He had all the intelligence and the full use of his senses and motion was not in the least impaired.

Embarrased at having so badly placed the dirk, he called in a physician who tried to withdraw the knife but was unable to do so. M. Dubrisay was then summoned, and the two physicians fared no better. The patient was lifted, the weight being borne by the dirk and not coming out. The patient was then taken to a neighboring shop, where by dint of great labor and appliances the instrument was, after great trouble, extracted. The patient immediately arose, walked, spoke and conducted M. Dubrisay to his vehicle and thanked him.

The blade of the instrument was somewhat bent near the point. It had encountered some hard body, the occipital fossa. Fearing meningitis, the patient was taken to a hospital, but left in eight days without ever having inflammatory or paretic symptoms.

As an injury to the brain it is a very curious case. As far as we can see, the 10 c. m., of blade penetrated near the posterior edge of the parietals, near the median line. Supposing the blade to have passed between the hemispheres, without inflict-

ing injury upon them, it must have traversed the tentorium cerebelli behind the protuberance, traversed the cerebellar peduncle and the cerebellum near the bulb, in order to bend itself in the occipital fossa. It is difficult to admit that it touched the bulb. It is extraordinary enough that it should have occasioned no disturbances of motion or sensation along the tract we have supposed it to follow. The question to be asked of those advocating cerebral localization is, of what use are the parts of the brain cut by the instrument. As for us, we must confess our entire ignorance.—[*Paris Médical.*

ARTICLE XXII.

Proceedings of Medical Societies.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, May 7th, 1881.

Maternal Impressions.

DR. DICKINSON.—Mr. President, there is a subject which has been often thrust upon my attention as I pass through the streets. I do not know whether it is within the province of this Society to take any cognizance of the matter. It is one which I think germane to the purposes of this Society. It is the permission by the authorities of objects that are revolting to the sensibilities of men, but especially those of women, and consequently should not be permitted to remain on the streets. I yield to no one in the sentiment of humanity and kindness of feeling toward the unfortunate; but it does seem to me that the authorities should have some regard to those who are placed under certain conditions, which may cause the sight of these objects to become injurious to them. We have heard related on this floor the cases of several women, who being pregnant, were seriously injured by suddenly viewing these objects. A boy of some 17 years of age stands, and for a week or two has stood daily on the corner of Ninth street and Washington Avenue, having less than the upper third of his right arm remaining,

which for the purpose of appealing more pathetically to the sympathies of the passers by, he keeps in constant agitation and at the same time asks for charity. There are other objects on the street equally unpleasant to be seen. So far as I am individually concerned it does not affect me, but I have a regard for those whom it may affect injuriously. We were told in this presence of a lady who was pregnant, and while going to market and upon opening the door of the same was confronted by a revolting object, the effect of which to her and also to the fœtus as was shown most disastrously at full term. Dr. Johnston narrated that case. But sir, these or similar accidents are very common. They are known to all the members present. This, I think, is a proper subject for reference to the city authorities, and I know of no more proper method of accomplishing it than through the medical profession.

Dr. Post.—I suppose that Dr. Dickinson refers to beggars who make use of this as a means of support. I believe an ordinance of the city prohibits begging. Certainly a beggar is liable to be taken up under the vagrant act.

Dr. Coles.—The most interesting feature in this matter, is the question as to how far maternal impressions can affect the fœtus. Whether a sudden shock or intensely disagreeable impression, is capable of producing abortion, or a permanent change in the organism of the fœtus. As Dr. Post remarks, these people are on the streets to beg, and they use their deformities and misfortunes as a passport to charity, and the very fact that they are thus unfortunate, I presume, prevents the city authorities from the enforcement of any law against them; but in the view of the case suggested by Dr. Dickinson, it seems to me the matter should be seriously thought of; and the difficulty in the way is just this, that our Societies and other medical bodies have been divided from the time of Hippocrates up to the present, as to whether these disagreeable impressions are capable of producing a change in the organism of the fœtus—"mothers marks," so to speak. I suppose there is no doubt that sudden fright, emotion, shock, or sudden disagreeable sensation, whatever it may be, is capable of producing an abortion. I don't need to cite these objects, there are a thousand and one that a susceptible female would see on the street any day. The point of greatest interest to my mind is the extent to which

these affecting sights would be liable to produce marks on unborn children, abnormalities, through the mind of the mother. Such spectacles as we witness daily are indeed horrible to contemplate, and the thought occurred to me only a few days since, that if the danger was so great as many suppose, it is a wonder that half the women in St. Louis do not have deformed children, but we hear of nothing of the kind. Of course when a woman has a marked child, she can, and generally does, refer it to something of this kind. She probably wanted a cherry or a strawberry and couldn't get it, or she remembered she was made sick by them. The people are disposed to account for these things in some way, but what is the original cause—the real origin of these marks, deformities or defects I think is very far from being settled, and I do not think that we can throw any additional light upon the subject, except through cases that are seen and verified by incontestible evidence. Now so far as I am individually concerned, I have never seen a case under my own observation that would throw any light on the subject. We occasionally read of striking cases in the public prints and in the journals. I recollect some years ago of reading of the case of a man having three fingers of his hand cut of, his wife who saw the fresh wound and was then three months pregnant, gave birth to a cihld that had a hand just like it. Another case which was published recently, which is a very remarkable one, where a woman near full term received severe burns on the legs, arms, chest and abdomen, and when the post-mortem was made the fœtus was found to be burned in the same way exactly; large blebs on the body, as if this fire had absolutely penetrated and produced a similiar result on the child. I hardly suppose that the heat could have continued long enough on the body of the mother to affect the child in the uterus. It is a very strange thing, and a subject that is very well worthy of study.

DR. WILLIAMS.—Do you believe the body was marked?

DR. COLES.—Well I don't know, I am sceptical. I have decided for myself, that the weight of testimony is against it, as an origin for physical marks; the subject of teratology needs to be further studied.

DR. JOHNSTON.—It is known that from a point of a little albuminoid substance under the proper conditions of heat and moisture, a granule in the centre of this substance evolves into a

child. The patient, a woman of beautiful physique, was in her sixth pregnancy. She claimed that she had carried the child over eleven months. On making a physical examination, I found in the vagina, a mass of something that I didn't recognize. The contractions of the uterus had almost entirely ceased. She had been in labor eighteen hours, and the head, I took it to be, had descended into the vagina and seemed locked there. I administered ergot and then applied the forceps to what I considered to be the head. I could bring no force to bear upon it at all—my forceps slipped off two or three times, and I desisted. I succeeded in passing my finger after considerable effort, around what seemed to be the neck, and by considerable traction I delivered the child. The body was very large, so that I was inclined to give some credence to her statement that she had carried her child over term. It had an immense body but the head was deformed; the calvarium being entirely absent. The base of the skull was not developed up to a line above the eyebrows around about at the occipital protuberance. The base of the skull was lined by skin and hair, that is, the natural portion, the portion which corresponds to the cerebrum was covered by hair and skin, and under your fingers you could feel on both sides the tubercular masses which were the undeveloped cerebrum, I suppose, near the posterior fossa of the base of the brain where the cerebellum and medulla oblongata are. These were represented by a very small lump, and they were covered by a very thin membrane, not the external cuticle. I was not able to obtain the specimen which I should very much like to have done and made an examination by removing the cover. This woman positively asserts that three years before this pregnancy she was delivered of a similar child, and in both instances claims to have been frightened at a pig. Now there may not be anything in this so far as we can determine scientifically, but I have no reason in the world to doubt the statement of the woman, that her other pregnancy resulted in a child similarly deformed. I see no reason why Dr. Johnston should doubt the statement of the case of burning, published in the *American Journal of the Medical Sciences*, and subsequently copied into the St. Louis Medical and Surgical Journal. It seems to me well authenticated, and just at present I have a case analogous to it which I am watching with interest. About three weeks ago a woman was burned in the sixth month of pregnancy.

The posterior aspect of the left arm and almost the entire back was burned more or less. In some places the entire cuticle and subcutaneous connective tissue were destroyed. This woman is very apprehensive lest her child be marked, and when she is delivered the possibility of such an impression may again be verified. Whether or not, at so late a period as the sixth month, such an impression would result in any deformity of the fetus, I am not able to determine, but it occurs to me that the impression which is made upon the fœtus will be determined by the state of development in which the fœtus is at the time of the impression, and I don't believe with Dr. Coles that the arrest of developments which result in hair-lips must have taken their beginning early.

I do not believe that the deformity must commence at the beginning of pregnancy. I believe that an impression can be made upon the fœtus at any time before the part which is deformed has been thoroughly formed. I don't see why it should not. I have in my dealings come across a widow who was married a second time, and her first pregnancy from her second husband resulted in a child that is an almost perfect likeness of her first husband. The first husband is dead. Now I take it that this is attributable just as much to the mental influences of the mother as the resemblance of subsequent children to the second husband. But I say that this subject of maternal impressions, although we are not able to scientifically express it, is a popular belief, and to my mind, not without some foundation. I think we have no more right to deny them than the populace have to assert them. We have no more foundation, in truth we have less foundation for denying than have the populace for believing that a deformity of a child is due to the fact that the mother has impressed it in some way during her pregnancy.

DR. PREWITT.—Mr. President: I don't see how Dr. Johnston's argument bears upon the point so far as the vegetable kingdom is concerned. The seed of the turnip always develops a turnip, the seed of the radish always develops a radish, and they have certain forms because the law of development is impressed upon the germ which determines the shape of the vegetable. They may be modified by physical laws, undoubtedly, the soil, or pressure made upon them during the process of

growth may change the shape to a certain extent, but that has nothing to do with the question before the Society as I understand it. The germ undoubtedly is impressed by the law of development whether it be vegetable or animal. In the case to which Dr. Lutz refers where the widow marries a second time and the child by the second husband may resemble the former husband to a certain extent that does not imply to my mind, that it is from any mental impression of the mother, but that the whole system of the mother, perhaps, has received an impression and this is transmitted by the law of development. Frequent pregnancies acting upon the nervous system may have influenced the ovum of the mother and it may not have been the effect of any mental impression of the mother at the time of conception. It is an impression that has been made upon the mother previous to conception. Now, so far as the resemblance of the children is concerned, it is not necessary that the mother should know what the father looks like. If a woman were to have connection with a man she never saw in her life, in the dark and never saw him afterwards, the child would resemble the father, simply by reason of the law of development. Then with regard to the transmission of peculiarieties, these have nothing to do with the question before the society tonight as I understand it. We all know that peculiarieties are transmitted from father to son. We all know that physical deformities are transmitted. A man with hypospadias may have children with hypospadias. The question as I understand it is, whether during pregnancy a mental impression made upon the mother may be so transmitted to the fœtus as not only to influence the development of the fœtus, but influence it in a particular part to correspond with something that impressed her? That a strong nervous impression might influence the fœtus in some way we may deem as possible, but the marvelous part of it is that it should effect that particular part of the child as in the case cited by Dr. Fairbrother, where the child's hand is deficient of two fingers, just as the man's hand that she saw was deficient of two fingers. Now the idea that it might have been transmitted by a developmental law would hardly hold in this case as Dr. Fairbrother bears testimony to the good character of the woman, and there is no reason to suspect her virtue, besides that it may be the deformity of the man's hand is from accident and then we would not expect the law of development to affect

the fœtus. He does not state that it was the result of accident or whether it was a deformity connected with fœtal development The question, as stated, is simply whether mental impressions upon the mother may influence the development of the child "in utero." If it does, so it would seem only possible that it could occur during the formative stage of the fœtus; before the development is complete; before the various organs have been formed and shaped, just as we see an arrest of development in hair-lip, in hypospadias and in extrophy of the bladder where there is an arrest of development at a certain stage. That a strong mental impression may influence a child so as to cause some deformity would not be so surprising during this period of pregnancy. The mere fact that there should be arrest of development of the child before the complete formation of the fœtus had taken place would not be so strange; but the strange, the marvelous part of it is that such an impression should be made on the child as to influence a particular organ—a particular part of the child and that to correspond to some object seen by the mother. That is the marvelous part if we admit it at all.

DR. ROWLAND.—Mr. President: I have taken considerable interest in this subject. I have been a pretty close observer of such cases from an early period of my life, even before I studied medicine, and I am willing to be put on record as favoring the belief that the impressions of the mother do produce an arrest of development of the fœtus, do produce mother's marks, so-called. I have no theory to offer to-night. I will simply state some facts in reference to a few cases which have fallen under my observation. Before I was grown I was called in with some others to the assistance of a family where a boy had been caught in a cog-wheel, about a mill. His arm was very much lacerated and contused; the tendons were exposed and the skin corrugated, it was a badly mangled arm. I knew the family well, my parents living near them, and as I learned afterwards, when I became better acquainted with the subject, the mother, at that time, was about three months gone in pregnancy, and at full term was delivered of a child bearing a mark very much resembling the injury received on the boy's arm by the cog. The skin was corrugated, with points resembling contusion, and others very much like an exposed tendon.

DR. PREWITT.—Was it the corresponding arm?

are you to possibly get around it? There is no question about the authenticity of the thing, for it is vouched for by men of standing in the profession. But so far as deformity is concerned that is another question. These deformities or abnormalities must occur during the early months of pregnancy, before the fœtus is thoroughly developed, when it is possible to arrest the development in a particular portion of the body of the child.

Dr. A. Green.—This is a very grave question. If we admit the affect of maternal impression, how could that effect the parts that are not yet developed? How could it affect parts of the fœtus that are not there at all? Which are in the very beginning of development? But let us go to facts. All these examples of maternal impression can't be proved. It may be true; it may not be true. But there are facts which we can prove and we cannot explain them. Now take, for instance, the case of an Ethiopian who has connection with a white woman, what will be the consequence? The fœtus will be pretty near, not exactly, just like one of the European race not only in color, but in the shape of the face, nose and lips etc. What peculiarity is there in the spermatozoa of the male? there is no coloring matter in the blood different from that of the white man to color the deepest layer of the epidermis. There is no coloring matter in the spermatozoa, if there is any different from that of the white race. Let us examine the blood of a white man; there is no peculiarity to distinguish it from that of other races; you can't see any difference at all, not at least between it and the Ethiopian. If you should say there is a peculiar something in the spermatozoa which determines the color of the child; now can there be a particular something in the spermatozoa to affect these parts, as face and lips etc., which are not yet in existence? We are therefore compelled to say, that the spermatozoa is the representative of the future fœtus, just the same as the grain or the seed of an apple the representative of the future plant of wheat or apple tree. We cannot unfold the mystery with the microscope, and yet there must be something to cause this effect. Do you suppose that if the mother is electrified that the fœtus will not be electrified also? Yes sir, and I think that is the way these impressions are produced. An impression made upon the nervous system of the mother, is impressed upon the fœtus, just the same as an electric shock—an electric stream. I

think where there is so close a connection there must be an impression.

DR. JOHNSTON.—This involves the identity of electricity and nervous force. That appears to be the effort of the last gentleman, to prove that nerve power and force is electricity. If you will study Radielffe you will find there is a difference. I cannot give the exact difference now. Electricity does not follow the nerves, it passes through the body. It is different in its action and is a materially different substance. Now, go back to where we started, with the proposition of the variations of development. I venture to say that there is not a gentleman here who was raised on a farm, but who has seen a great variation and especially deformity in the variation, and this applies to the vegetable as well as the animal kingdom. It has been stated that some physiologist says there are nerves in the umbilical cord. I should certainly like to read that work. I have read a great many and I can find nothing of that sort. There may be a principle in the blood that fabricates nerves, but this is not yet developed into nerves, therefore the gentleman's argument that there must be nerves does not hold good.

DR. COLES.—I remember a story that is told of Governor Floyd, when he was secretary of war, he received a delegation of Indians and one of the Indians remarked that his skin was very dark. "Yes, sir; it is said that my mother, when she was carrying me was chased across a corn-field by a negro." "Ugh!" said the Indian, "and he caught her, too!" I think these marks are so rare that they have to be studied very closely before we can get anything of value out of them. Of course imperfectly developed children, many of the monstrosities that are born, we can account for. We can account for children with two heads or four legs. It is a union of twins, but these peculiar marks, such as missing fingers or a mark upon the skin or an expression of the eye or a peculiar likeness, I say we have to accept such things with a great many grains of allowance because they are so exceedingly rare, but at the same time of think it is but natural that we should believe that all impression—a mental state of the mother or father—should to some extent influence the child. I say it is one of those beliefs which seem to come to a man almost intintively. It is a difficult thing for a man to dispossess his mind of the idea, a man

naturally lapses into it. Whether or not the mental impression can bring about a special physical deformity is altogether another question. That the disposition of the mother at the time she became pregnant or during pregnancy, may make an impression upon the child, I think is reasonable.

Dr. Johnston.—When the woman is drunk or under the influence of opium at the time of impregnation, what occasions the impression then?

Dr. Coles.—I don't think it makes any difference whatever, how the child is begotten. The child is not impressed by the manner in which impregnation occurs. Whether the semen is taken up in a syringe or enters the vagina immediately from the natural organ. I don't think that makes any difference. To illustrate, we know that children begotten in a state of drunkenness are influenced by that condition; statistics show that many children thus begotten are idiotic, or with an aptitude for criminal tendencies; Now these things are the result of impressions which are imparted—which are engrafted upon the original nervous system of the child. Such matters are at present beyond our ken, and although we may not be able to tell one spermatozoon from another even by using the most powerful microscope, yet at the same time, in the course of development these peculiarities not only of mind, but of body, do present themselves. These things might also occur after the woman has become pregnant for two or three months, but when we are told of cases where a deformity is said to have been caused by a shock to the woman after the child had been quickened in the womb, I should be slow to believe it. For instance, that a child was to lose fingers or have any deformity, such as a slit lip, I should say the deformity of the lip commenced in the beginning. Many of these deformities such as harelip, etc., can be accounted for. There has been a physical arrest of development in these cases; we need assume no exercise of maternal impression to account for them, but on the other hand that the child is influenced mentally, psychologically by the impression or the nervous state of the parents, or one of them I am disposed to believe. It is one of those things we instinctively believe.

Dr. Johnston.—What causes variation in the vegetable king-

dom? You don't recognize any mind there, so you can have no maternal impression.

DR. COLES.—There, doctor, you are begging the question it seems to me. If there is no mind there to be influenced, therefore the only change is a physical one. In a similar manner physical deformities may be brought about in the fœtus. I do believe, however, that the child may be impressed psychologically by the maternal impression. I believe that the maternal impression may stamp itself on the mind or nervous system of the child. If we eliminate the idea of anything like a nervous system in the plant, of course we eliminate the possibility of discussing the nervous aspect of the question, taking only the physical defect, and this must therefore be directly attributed to some physical origin.

DR. A. GREEN.—I would remind Dr. Johnston that belief and science are sometimes two different things. True science is what you can prove and if you cannot prove it, it is not science. I have beliefs myself, but these have nothing to do with science. Science is what I know and can prove. I did not say electricity and nerve power were identical, although I think they may be. I said simply if we electrify the mother the child will be electrified also. Then, again, the doctor misunderstood what I said about the grain of wheat. The spermatozoa, it is believed, enters the cells of the ovum, of course we don't know that, we can't see it, and these two cells determine what the organism is going to be just the same as when you take a grain of wheat and give it the necessary conditions, put it in the ground and give it moisture, light, etc., and you will always produce a certain organism.

DR. LUTZ.—I think Dr. Green fails to lay sufficient stress upon the effect that it is possible for the ovum of the mother to exert upon the child as well as the potentialities of the spermatozoa. It is not only the influence which the father exercises upon fecundation that determines the individual, but also the influence exerted by the ovum of the mother, and whether or not as scientific men we believe in maternal impressions, certain it is that the people at large, lay considerable stress upon it and there is often, apparently, at least good foundation for their belief. I have a case in point. On last New Years' day, I was summoned to assist a midwife in delivering a

Dr. Rowland.—It was not on the arm, it was on the shoulder. The most striking case I have seen of this class, occurred about ten years ago in my practice. I was attending a lady who was suffering a great deal from sympathetic vomiting which I found very difficult to counteract, she became much emaciated, so much so that she reclined most of the day. She had a servant, a negro woman, who had a very peculiar squint in both eyes. It would be difficult to describe it—a very peculiar squint. This lady was lying on a lounge asleep one day when the negress went into the room to call her to dinner, and she stooped down over her and spoke to her to awaken her. The lady awoke and the negress's face was very near to her's which shocked the lady very pr. foundly, she being very weak. The first thing that presented itself to her mind was that her child would be marked. She went to full term and was delivered of a child whose eyes very much resembled those of the negress. Their expression was not so marked but it was decided. I noticed it myself as soon as the child was born. She was very much concerned about it. The deformity became less marked, however, as the child grew older. Another case came under my observation. The patient in this case, a young lady, was peculiarly marked. The mark extended from within the mouth down over the chin and neck, and down on to the breast. It was very rough and unsightly, and as she approached maturity, I was consulted as to the posibility of removing it. I naturally inquired into the particulars of the case as I would otherwise not have taken the liberty to do. The mother informed me that when she was carrying the child she saw a snake lying across a child's breast while it lay asleep on the grass, its head near the child's mouth, which of course shocked her very much. I know this to be a respectable lady and I have no doubt she told the thing just as it occurred. I succeeded in modifying the deformity to some extent.

Dr. Johnston.—Did it look like a snake?

D . Rowland.—I would not recognize it as such, but it had somewhat the general appearance of one. It was not the same size throughout. It was small near the mouth, grew larger over the neck and again small over the chest, tapering to a point.

Dr. Johnston.—At what period of pregnancy was this impression made.

DR. ROWLAND.—If I remember correctly, about the fourth month. There are a great many things in nature we have never been able to account for, and I think it only shows a weakness in us to positively deny an effect simply because we can't account for it scientifically. I believe the deformity may occur at any time before the full development of the fœtus.

DR. JOHNSTON.—Now with reference to what Dr. Green said, it is well known that the apple when first discovered was simply a crab-apple, and by cultivation, we have this delicious fruit in all its varieties on our table. We are not discussing what we believe. Belief is nothing, it is scientific facts I want. I regard these variations of development which take place in the vegetable and animal kingdoms as governed by the same law. Arrest of development plays no part whatever, except in the imagination.

Saturday May 14th., 1881.

American Medical Association.

Dr. Hurt.—The Society would like to hear from Dr. Maughs, on the meeting of the American Medical Association.

Dr. Maughs.—Mr. President, I went to Richmond especially as a delegate to the College Association. As I felt some especial interest in that, and I regret to say that the Association was a failure. We failed to get a quorum the first day. On Wednesday we had barely a quorum—17 members being present out of 33 who belong to the Association. We re-elected our officers Dr. Bodine of Louisville for President, Dr. Briggs of Nashville for Vice President and Dr. Connor of Detroit for Secretary. We didn't transact any business. The action of Bellevue College told fearfully on the College Association. It will be remembered that Bellevue started out, as a van-guard of the Association—to lead this reformation. With much advertising they announced the term to consist of three years and a graded course; and ignominiously broke down. The representatives to the college were entirely from the western schools, and they still contended for a three years tuition and a graded course. They thought they might accomplish something at the next annual meeting, when the college would have recovered from the demoralization caused by the failure of the Bellevue Medical College in that direction. The delegation to the general Association was not as large as at the meeting in New York last year, and very naturally, as it is not such a centre of population as New York, yet there were some 400 delegates present. Every State in the union was represented by a very respectable delegation. The president's address was received with much favor and really did him great credit. The whole meeting was one to be remembered. The papers were read in the general convention in the morning and in the sections in the afternoon. Some of the papers read caused an animated discussion. The

hospitality with which the members was received was remarkable, wonderful. Old Virginia with her reputation for hospitality exceeded herself, The members were feasted and toasted on every occasion. The banquet was the finest I have ever seen, and I have no doubt it is the grandest banquet ever given by citizens; of course in a place like Richmond the citizens came to the assistance of the physicians and contributed their portion. It was a truely royal banquet, and scarcely exceeded by the great banquet at the Southern Hotel the other day. I was glad to see that Richmond was getting over the effects of the war. there is evidence of thrift everywhere. Great good will prevailed in the convention, and I believe, taking it altogether, although there was not so large an attendance it was quite as great a success as any meeting of the Association. They adjourned to meet at St. Paul next year. They made Dr. Woodward U. S. A. of Washington City the next president. They respectfully claimed that the army never having been thus honored, it was their turn. He was elected with great unanimity. It was the intention to elect Dr. John Atlee the distinguished ovariotomist. He is an octagenerian, and it was urged that unless elected within the next ten or twenty years, he most likely would not be elected at all. He would have been elected if it had not been for the claim of the army and navy. This very excellent gentleman of Washington City was not present, as he got his leg broken a few days before he was elected for the ensuing year.

DR. STEVENS, was called on and said. I think Dr. Maughs has said all that is necessary. I must say, however, that I was much pleased with all that I saw and heard, and was particularly impressed with the importance of these meetings as relating to the interests of the profession. Heretofore I had been inclined to look upon the meetings of this Association rather as great convivial gatherings than otherwise. I now believe that this organization is, from year to year, accomplishing most important results, so long as the great objects are not neglected, we are fully justified in making the occasion one in which we combine business and pleasure. But you have, I suppose, called me up for some kind of a report of our pilgrimage—well I will just say that on the first of this merry month a party consisting of about twenty individuals, all bearing the title of M. D., except

four young ladies, and they, though not recognized by the fraternity, doubtless each indulged in joyous anticipations of happiness in becoming the better half of a doctor, were all aboard of the parlor-car of the O. and M., road, all in good spirits, and brim-full of a disposition for wit and humor. Our good friend Dr. Jordan had left nothing undone; by his forethought in arranging our programme we were relieved of all care. Our first resolution was to "throw physic to the dogs"—"shoot him on the spot" was to be the sentence of the first one who ventured to talk medicine. With these wise precautions we leave others to judge of our sayings and doings. Our journey was varied by twelve hours travel by steamer from Cincinnati to Huntington; and very soon afterwards we found ourselves in the midst of the dells of the Kanawha; anon, we were threading our way among the craggy precipices and towering heights of the Aleghanies, and in a few hours more the beautiful peaks of the Blue Ridge burst upon our vision. We seized the oportunity to spend an entire day at the famous White Sulphur Spring, and had no reason to repent our resolution. The kindness of the proprietors and their hospitality, manifested in showing us every attention and gratuitously providing for all our wants, form a pleasant reminiscence. Nature and art, it would seem, have vied with each other in forming in this locality a combination of all that can contribute to health, comfort and pleasure. The altitude 2,000 feet above the sea-level, gives to the temperature an average through the summer months as pleasant as can be found hundreds of miles to the north. The purity and transparency of the atmosphere at once attract the attention, especially of the city resident. The scenery is grand beyond description. "Hills peep o'er hills and Alps on Alps arise." We were loth to leave this charming place; our feelings were suggestive of song. All joined in "Home, Sweet Home," and "Sweet By-and-By," awakening emotions carrying our thoughts to those we had left, and forward to pleasure yet in store. I am sure these songs have seldom been rendered with more of an appreciation of their beautiful sentiment.

The next morning found us at the historic capital. Time will not admit a description of all the objects of interest here to be seen—the old state-house, the oldest in America, its halls filled with statues, portraits, manuscript and other relics of early days of the nation. In every direction there is something

of interest; the Washington monument, statues of Clay and Stonewall Jackson, the National and Oakwood cemeteries, the old stone house noted as Washington's headquarters, the battle-field around the city, the Tredegar iron works, the tomb of ex-President Tylor, the grave of Monroe, Libby prison—these and many others came within the range of our observation. The time for the opening ceremonies of the convention had arrived. Mozart Hall was full. Rt. Rev. Bishop Keane opened the exercises by a most appropriate prayer.

Gov. F. W. M. Holliday, then delivered an address of welcome. In eloquent language he referred to historic memories of the old state, and assured us of genuine and hearty hospitality. Our Dr. John T. Hodgen, the president of the Association, was introduced by the retiring officer and delivered his inaugural. It was just such an one as those who know him would anticipate —terse, practical, nó redundant verbiage; saying just what he meant and meaning just what he said; full of monosyllables, consequently devoid of all equivocation. Surgeons, especially the younger members of the body, should give heed to the ideas expressed. Each day's programme was admirably arranged—three hours of the forenoon devoted to matters of general interest and the same term of the afternoon to the work of the various sections. Thus in the four days a large number of papers were read and the subjects discussed. The plan of working the sections is admirable in its efficiency. They are at the present time designated:

First—The Section on Practice of Medicine, Materia Medica and Physiology.

Second—On Obstetrics and Diseases of Women.

Third—Surgery and Anatomy.

Fourth—On State Medicine.

Fifth—Ophthalmology, Otology and Laryngology.

Sixth—Diseases of Children.

The six sections meet in as many separate halls, and members attend and participate in the exercises or discussions according to their own tastes, or in accordance with the specialties one may have adopted. Each section has its chairman, secretary and short-hand reporter, and all papers and the discussions go finally to a committee on publications, and thus annually there is added to the literature of the profession a vast amount of valuable matter.

In the surgical section I heard an interesting paper read by Dr. Stillman of New York, discriptive of a wonderfully ingenious apparatus intended for the correction or restoration of deformities, congenital, traumatic or otherwise. The ingenuity displayed its apparently perfect adaption to all the purposes for which it is designed, in the combined action of screws, levers, bands, cog-wheels, slots, springs, pads, etc., certainly entitle the inventor to high commendation and thanks from every individual who is so fortunate as to get the benefit of all this mechanism.

In the discussion which followed the reading and demonstration, much was said in favor of these appliances, and the question came up as to the availibility to the profession at large, and also as to the propriety of instructing the surgeon to rely upon the ingenious mechanical devices. One gentleman even went so far as to say, that with collars, pads and adhesive strips, he would as successfully treat all the forms of talipes as could be done by this apparatus. I think after all, that our teachers of surgery will continue to instruct their pupils in such a manner, that they can rely for success upon the means within their reach, and that it will be a long time before these mechanical appliances will become a part of our professional teaching. I have taken up more of your valuable time than I intended, and will only say further, that in this meeting I believe all our anticipations were more than realized, especially such as related to social enjoyments. Each evening during the week had its pre-arranged entertainment, and I am sure, that never during the thirty-two years of the existence of the Association, the citizens or the profession in any place surpassed those of Richmond in acts of hospitality, and everything calculated to make the occasion one of interest and pleasure.

Dr. Borck, on being called upon said: In regard to the instrument that Dr. Stevens has spoken of, I would say that it is a very complete apparatus intended to make extension. I don't think the objection is a good one, as it is suitable to a certain class of cases. It is a nice piece of mechanism. I don't know the cost of the instruments, there is a description of it in the *Medical Record*, and also in some German journal, I believe. There was one very interesting operation demonstrated by Dr. Post of New York, and it is remarkable because the patient

underwent the operation twelve or thirteen times, and he did not then accomplish the operation, as the patient got tired and left the hospital. The doctor called special attention to the flap. It was a plastic operation on the face. It is not a new operation—it is an old one. The patient was 65 years old, and had an epithelioma of that size around (indicating on the board). Now the doctor made an incision in this way—a round incision in this way, and he then takes this flap (indicating) and brings it up to cover this. The idea is this, that there is no traction. When you make a flap straight you have traction; but you have no traction when you make it in this oval manner.

DR. WESSELER, was called on and said: My story is soon told. I did'nt go to Richmond to study medicine. I attended the two main sessions and heard the presidents address, and Dr. Hodgen did himself great credit in his annual address, and it was well spoken of by all those whom I conversed with. The next morning Dr. William Pepper of Philadelphia, delivered a most excellent address on "Vaccination." I hope all the members will have the opportunity of reading it, for I think it is one of the best papers I have ever had the pleasure of listening to. I never heard a more comprehensive paper in my life. It covered all the ground and tried to gather all the ideas and present them so that they could be easily grasped. I made use of the afternoons to drive around the city. I wanted to see Richmond—all the interesting points, and to avoid the accident I left early on Thursday morning. I didn't know the accident was going to occur; nevertheless it was very fortunate I left when I did.

DR. POLLAK.—What accident was that?

DR. WESSELER.—Dr. Stevens came very near being upset. Only one man was hurt however, and he was attended by ten surgeons.

DR. WILLIAMS.—Did he die?

DR. WESSELER.—I believe not. Richmond is a nice city, I am sorry St. Louis is not as clean. They have little street cleaning to do, because their streets are paved with boulders, which are naturally clean—no dust; and altogether it is a very pleasant city as far as I could see it, and I saw a good deal. I was well pleased to see the people of the Southern States are dis-

posed to treat strangers as gentlemen, and I have no complaint to make at all. There are some little ways that are different from ours, for instance; you see a colored man standing around with a cart and an old mule with nothing but fish in his cart, and very few of them sometimes; and he dosn't know whether he wants a quarter or a half dollar for them. Richmond is inclined to be progressive and I was rather favorably impressed with it.

Position in Relation to Injuries of the Perineum During Labor. By G. Hart, M. D.

Since the establishment of the obstetric art on a basis of science, more than a century ago, various methods have been proposed for protecting the maternal soft parts from injury during the passage of the fœtal head. And yet, the contrariety of views and opinions, which have found expression at different times is well caculated to suggest the thought, that theory and science are not yet in accord on the subject.

Leaving to others to judge of the merit of the few reflections I propose to offer at this time, I shall endeavor, as far as possible, to make practical observation the basis of my theory. And with that view, I can, perhaps, best illustrate the points to which I desire to direct attention, by stating a case or two, and noting the results in the termination of each.

About seven years ago, I had my first and only case of serious laceration of the perineum. Mrs. D., a primipara, seventeen years of age, small but well formed, was delivered after a labor which lasted about twenty-two hours, of a full sized, well formed, living male child. The second stage of her labor was quite tedious and exhausting, though the pains continued strong, and there was nothing to impede its progress, except the resistence offered by the maternal soft parts. For a full half hour the head of the fœtus rested upon the floor of the pelvis, distending the perineum apparently to its utmost capacity during each paroxysm of pain.

When the head was born, I was conscious of a slight laceration of the fourchette, but flattered myself that it was not more

serious than what frequently, and almost necessarily occurs in first deliveries. But between the delivery of the head and that of the shoulders, there was considerable delay, owing to the absence of pain, and I became concerned for the safety of the child, as there was a loop of cord around his neck, and his face became livid and convulsed, This diverted my attention from mother to child just at the moment when the uterus resumed its action with renewed energy, and expelled the shoulders and body of the child quite precipitately. After resuscitating the child, for he was asphyxiated, and separating the cord, I was proceeding to deliver the afterbirth, when the patient complained of pain and smarting at the vulva, and on examination I found that the perineum had been torn entirely through.

The surfaces were immediately brought together and stitched by three silk sutures, one deep and two shallow. But the operation failed, and a second operation was performed three or four months later by Prof. Hodgen, which, though not a complete success, was a great improvement, as it succeeded in restoring the septum between the anal and vulvar orifices, over which the patient has subsequently borne two children without injury.

At the time of this accident the patient was lying on her back with her knees well drawn up and abducted so that her feet came near to and a little outside of the nates, and she was supported in this position by two female attendants, one on each side bearing down on the knees.

This accident so impressed me with apprehensions of its liability to occur, especially in the primiparæ, as to have frequently forced the question of its causation upon my mind as a matter of serious study and reflection, and the possibility that the sharply flexed position of the patient's limbs at the time of the accident might have favored the result, often presented itself.

Case second.—In 1875 while I was in charge of the city hospital, a girl about sixteen years old was sent to me from police head-quarters with the request that she be examined for indications of recent child-birth. The examination revealed, among other evidences of recent delivery, a fresh laceration of the perineum. The patient confessed her crime, and, by careful questioning, I drew from her the fact, that at the time of the birth she was sitting over the privy vault, in which the child was sub-

equently found, with her body leaning forward, so that the abdomen rested upon the thighs, a position which must necessarily have put the perineum greatly on the stretch.

Case third.—In the Autumn of 1877 I attended Mrs. T., about thirty years of age, medium height and of slender form, in her third confinement. The two first, both girls by a former husband. The second stage of her labor was somewhat tedious, and just as the head began to distend the perineum, the patient, as a matter of choice took the left side position, with her thighs and knees sharply flexed. The fœtal head, which was unusually large, soon became impacted in the soft parts, uterine contraction became stronger and refused to intermit, the perineum appeared to have reached the point of its utmost distention short of laceration, being pushed down so that the fœtal occiput rose from under the pubes, and yet the head was so completely enveloped by the expanded perineum that a rupture of the latter seemed inevitable. At this moment, however, the patient, perhaps involuntarily, extended her left limb to a line nearly parallel with that of her body, and coincidentally with this movement, the fœtal head passed through the vulva without any perceptible injury to the parts.

This circumstance, which may have been a mere coincidence impressed me still more fully with the idea that sharp flexion of the thighs upon the pelvis, during the last throes of parturition is not conducive in all cases to the safety of the mother, nor the speedy and safe delivery of the child.

Reflecting upon the different results in the termination of these cases, and the possibility of that difference having been determined by the different degrees of flexions of the limbs of the patients at the moment of the passage of the fœtal head through the vulva, I became seriously impressed with the belief that Mrs. T.,owed her escape from serious injury to the accidental extension of her left thigh, by which, not only the perineum, but all adjacent tissues were relaxed and made susceptible of a greater degree of expansion. The incident was not forgotten, and I confess, it has not unfrequently influenced my conduct in subsequent practice.

Case fourth.—Last Spring, 1880, I attended Mrs. H., a primipara, in which the fœtal head became so tightly impacted at the vulva as to cause considerable delay, though the uterus was

contracting with great force, and I began to fear that a laceration was inevitable. The patient was on her back with her knees sharply flexed and abducted, so that her position was very nearly that known as the lithotomy position. I requested her to straighten her left leg, and as she did so, the vertex became more prominent and the forehead slid over the perineum without causing even so much as an abrasion at the fourchette.

Case fifth.—In October last I attended Mrs. S., a multipara twenty-seven years of age, in her second confinement at term, her first about seven years ago. It was a face presentation, that is, the face presented to the symphysis pubes. The face would not rise into the vulva until the chin had passed out from under the pubic arch, which caused the vertex to dig down and become completely encapsulated by the over distended perineum, where it remained stationary for more than half a minute, although the womb was contracting continuously and with tremendous force. The patient was on her back with her limbs strongly flexed. I requested her to straighten them a little, but her energies were so completely subordinated to the expulsive efforts that she failed to comply, but one of the lady attendants caught hold of the left ankle and drew it down a little and as she did so, the child's head was delivered without any injury to the mother.

These cases will suffice to show how the idea was suggested, and ultimately matured into a conviction, that a sharply flexed and abducted position of the thighs, though convenient and necessary in some cases, is not conducive of the greatest degree of security to the maternal soft parts at the moment of the passage of the child's head through the vulva, nor to the speedy and safe delivery of the child. But if I fail to present a satisfactory reason for my conviction, I shall be accused of allowing a few unimportant coincidences to assume, in my mind the relation ship of cause and effect and to form thereby, the basis of a delusion. But I maintain that the conclusions to which I have arrived, and upon which I have acted are corroborated and sustained by the anatomical relations of the parts concerned. The central axis of the gravid uterus is on a line—or nearly so—with that of the pelvis, and extends from the umbilicus in the direction of the coccyx, and crosses the line of the central axis of the body obliquely. A line drawn through the central line of the vulva,

would impinge on the sacrum, crossing the central axis of the pelvis nearly at right angles. Now, if it were possible for the human female to be delivered at term in the erect position with her knees bandaged together, it is more than probable, I think, that the delivery would be effected on the posterior aspect of the thighs. The only obstacle to delivery in that direction would be the perineum, which, in that position would be so completely relaxed as to be easily pushed back by the pressure of the fœtal head, especially when antagonized by the resistence of the muscles of the internal aspect of the thighs.

Some experience in gynecological practice enables me to assert that, with a Sims speculum, the perineum can be drawn back several lines further without pain or injury to the patient, if she be either in the prone or semi-prone position with her thighs extended and adducted, than it could if the limbs were strongly flexed and abducted. We find the reason of this in the fact that, in the ratio that the limbs are extended and adducted, the perineum, as also the nates is relaxed and its capacity to expand increased and *vice versa*, in the ratio that the limbs are flexed and abducted, the perineum and nates are stretched, and their capacity for expansion abridged; and hence it follows that extension or moderate flexion and abduction only are compatible with the greatest security to the perineum at the conclusion of the second stage of labor.

The question of the management of the perineum is truly a hackneyd one, but so long as the laceration of this part is admitted to be among the possible, and not unfrequent accidents of the parturient effort, the dread of its occurrence, and the terrible consqeuences which it entails, must continue to obtrude themselves upon the attention of the thoughtful practitioner, by whom it is impossible to contemplate such consequence to the young wife and mother, just at the threshold of her duties and obligations as such, without feelings of the deepest concern, and he is not likely to view with indifference, or as devoid of interest, any new thought or suggestion on the subject which may be offerd for its prevention or amelioration.

I regard the instructions usually found in text-books on this subject as of little and uncertain value. Such, for instance, as a napkin folded and pressed against the perineum with the palm of the hand. I have never been able to discern the practical utility of the napkin, and have often wondered if it did not sug-

gest to the patient the idea that it was intended to prevent the attendants hand from becoming soiled.

Tyler Smith—lectures on obstetrics, second edition, page 365—objects to pressure on the perineum in any form, and advises that it be made directly upon the fœtal head so as to retard its progress and prevent a too rapid expansion of the perineum. But to this procedure there is the objection that, in the exact ratio that the perineum is protected by it, the uterus is endangered, and we avoid one accident at the risk of producing another and still more dangerous one. For we should never lose sight of the fact, that among the causes of rupture of the uterus—which is always fatal—obstructions, either natural or artificial, to the free passage of the fœtus stand first.

I concur with this author, however, in condemning all efforts for the direct support of the perineum with the palm of the hand as not only useless, but liable to do harm. I also concur with him in the importance of keeping the fœtal head pressed well forward against the pubes; though in my experience it is only occasionally necessary to make efforts for that purpose, and when necessary, I do not think the method proposed by him to be the best, for the reason that in any case where there is immediate danger of rupture of the perineum, any effort to insert the fingers between it and the fœtal head would certainly increase the danger.

But the points which I wish specially to maintain are, that the perineum is not only relaxed by the extension of the limbs, but the degree of its inclination is increased so as to impose less resistence to the passage of the fœtal head, and *vice versa*; in the ratio that the limbs are flexed, and abducted, the perineum and contiguous parts are put upon the stretch, and consequently its resistence and liability to rupture proportionately increased; and while some degree of flexion and abduction are convenient, and, in fact, necessary, I do not believe, after a careful study of the anatomical relations of the parts, that it would be possible for the human female to be delivered at term with her thighs completely flexed upon the abdomen and abducted, without more or less laceration of the perineum, moderate flexion, therefore, is all that should be allowed where the danger to these parts is imminent during the last throes of the parturient effort. But before I dismiss this subject I must report briefly, the facts of a case which came under my observation more recently, and

which, though not an obstetric case, is nevertheless, a case of injury of the perineum, and though somewhat unique in character, is, I think, corroborative of my views.

Daisy H., a little girl aged 5 years, an exceedingly intelligent child and as sprightly and elastic as a rubber ball, was, on the evening of the 20th of February last, playing with her little sister, still younger, in her mother's sitting-room, when she fell and ruptured her perineum. I saw her in a few minutes after the accident, and found a rent in the margin of the raphé on the right side and parallel to it, about ten lines in length, in fact, nearly the entire length of the perineum, though not extending into either of the passages, and from what could be ascertained without resorting to the probe, the wound was judged to be something more than half an inch in depth. The parents were greatly alarmed and distressed, fearing that some irreparable injury had been inflicted, and that an operation would be necessary. But as both the natural passages remained intact, I was prepared to assure them that rest and position with a bandage over the nates would be all that was required, and that the ultimate consequences would probably be trifling. The cure was quite rapid and satisfactory, and it was found impossible to keep the little sufferer in the recumbent position for more than a few days only.

This little patient fell on a smooth and well carpeted floor, and though both her parents were present at the time of the accident, neither of them saw her fall nor were they aware of the injury until the child complained to her mother that she had hurt herself. Neither of them had seen her fall, and supposed that she had fallen over one of the rockers of the rocking chair which stood near the stove on one side, but the child insisted that she had fallen on the floor near the foot of the lounge, and in order to produce such an accident, she must either have fallen on her buttocks with the thighs abducted in opposite directions, or, which I think is the more probable, that she fell on the nates of the right side, while the weight of the body under the peculiar motion which had been given it at the time of falling, or while running, brought such a strain on the integuments of the perineum as to force them to give way.

DISCUSSION,

DR. ROWLAND.—I will ask Dr. Hurt if he thinks it is impossible the child he spoke of might have fallen on anything?

DR. HURT.—It is improbable, because the rocking chair, the only thing it could have fallen on, was not in the child's way. There is a great deal of adipose and cellular tissue under the skin of the buttocks and the child's body was probably moving in an oblique direction in its relation to the floor when it fell and the weight of the child put the skin of the nates of that side on the stretch and tore it out at the perineum.

DR. WILLIAMS.—An accident similar to the one reported by Dr. Hurt occurred to one of my little girls some time ago, and may throw some light on this difficulty as to how the injury occurred. My little girl was playing in the room and from some cause or other fell, and in falling one of her legs doubled up under her body in such a way that the heel of her shoe caught the vagina between the shaft and the arch of the pelvis and cut one side of the vagina right sharply—a gash some half an inch long, probably. It bled quite freely. I know it was the heel of her shoe because I saw her fall. Probably Dr. Hurt's case occurred in the same way.

DR. JOHNSTON.—There are some remarks I don't agree with Dr. Hurt in his paper. The objection to the doctor's paper is that he is directly in opposition to the authors in this country and in England. The Germans, I believe, lay them on the back. I am not positive. The English, Irish, Welsh, Scotch and Americans prefer the left side. I myself prefer that position with the legs semi-flexed, not too much, with a pillow between them. This is recommended by Hodge and Churchill. All primapara have more or less injury done to the vagina, cervix and perineum in giving birth to their children, but my observations of the perineum have not been confined always to those cases where the perineum was put on the stretch. I have seen cases where the child was small. Frequently it happens that there is no injury when I thought every minute that the perineum would be ruptured. I think it depends, probably, on the temperament of the woman and the condition of the muscular fibers. Hence doctors are often censured for this rupture when they have no power over it whatever. I think on the whole Dr. Hurt's paper is a good one.

Dr. Hurt.—I think I can say to my friend Dr. Johnston that the objections he urged are not in the paper. I only insisted that a good deal of flexion may be dangerous to the patient.

Dr. Johnston.—What is that about flexion of the legs?

Dr. Hurt.—When I asked the patient to extend the legs my object of course was to get some extension of the thighs. I think Dr. Johnston pretty nearly concedes the point when he prefers the legs semi-flexed.

Dr. Johnston.—I think not. But that leads to the study of the shape of the pelvis. When the head reaches the symphysis pubis it will be necessarily thrown up, and the position of the legs would not change the direction. It couldn't be thrown down on the coccyx. The shape of the pelvis would necessarily throw it immediately out, and no position of the soft parts would make any difference or change, because it depends on the bones of the pelvis and these do not give.

Dr. Rowland.—Mr. President: Dr. Hurt's paper strikes me with considerable force, I confess, the idea never occurred to me till it came from him, that rupture of the perine m might be due in some cases to pressure caused by too strong flexion and abduction of the limbs; but since the reading of the paper I remember some cases in my own experience in which I have entertained great fears of laceration of the perineum, in which the head has been retarded in its progress for a considerable length of time while the strong expulsive pains were going on, and without, as I said, entertaining the views that Dr. Hurt advances, I remember having suggested to my patients in several instances, not to flex the limbs, or rather, to straighten them. The point I want to make is this: I think that perhaps there is not a man present who has delivered a great number of women who will not remember that just about the time the head is passing over the perineum there is generally a scream—a shriek. It is involuntary and I think, if my recollection serves me aright,—there is almost invariably a straightening of the limbs where there has been strong flexion. It is an involuntary movement I think. I simply throw out the suggestion as it strikes me. I would like to know if it has been the experience of anybody else, that there is a shriek and a straightening of the limbs to some extent, which would lessen the pressure,

and thereby relax the perineum. I don't wish to claim any credit for this observation of mine. I confess I didn't carry it far enough.

DR. A. GREEN.—Mr. President: I can see very easily that an abduction of the limbs may help to relax the perieum, but from an anatomical point of view I cannot see how flexion of the limbs, a bending of the tibia on the femur.

DR. ROWLAND.—Flexion of the thigh on the pelvis.

DR. A. GREEN.—I thought you meant a bending of the knees.

DR. BARRET.—I was much interested in Dr. Hurt's paper. He has evidently given his subject much thought. I did not get his ideas sufficiently clearly to enter into any criticism of his theory, but must confess that I am at a loss to see how any portion of the legs or body or of any other part of the woman could influence the mechanism of labor. As Dr. Johnston has already suggested the extension of the head depends upon mechanical laws that relate to the pelvis and not upon the soft parts. One objection, however, I think to Dr. Hurt's theory of extension of the limbs is that it precludes or obstructs any effort on the part of the accoucheur to control the labor and to protect the perineum. I am one of those who believe that by judicious managenent the perineum can be protected. I don't think there are any prescribed ways of doing it, that is, I am not an advocate of any particular method of supporting the perineum, and I know from experience the frequent futility of all methods, but I think that by holding the head back and giving the perineum the necessary time to relax, you can do a great deal to save it. I am sure I have succeeded in preventing rupture in many instances where it would have occurred if I had not rendered assistance. In reference to the temporary cessation of pain, that is characteristic of all labors. The uterus is a very intelligent organ, indeed. It has more sense than we give it credit for. When the uterus contracts and continues to contract for a long time it ceases to contract. When it meets with an obstacle that it cannot overcome, it stops and takes a rest, and the man who gives ergot to spur it up displays less intelligence than the uterus itself possesses. These voluntary rests of the uterus sometimes pass into what Dr. Powers has denominated "mis-

labor." When the head reaches the sensitive perineum, the uterus seems instinctively to hesitate to force the head over this sensitive part, and after the head has been forced over as Dr. Hurt describes in his case, after this great momentary expenditure of nervous force consequent on it, exhaustion follows, the uterus take a rest. After waiting a few seconds a little nervous energy is gathered up and contraction occurs again and the shoulders are delivered. After the head is delivered there is always or usually a temporary cessation of uterine contraction. I don't think there is any way of preventing lacerations of the perineum; they occur, and they will occur in the hands of everybody, but I think great blame attaches to the man who allows a laceration to occur and does not take immediate steps to repair the damage.

Dr. Post.—Mr. President: I would like to ask some of the gentlemen if they have found that the administration of chloroform toward the latter part of the second stage of labor has any tendency to relax the perineum or preserve it and prevent rupture? I would like to hear from Dr. Barret on the subject. Leischman holds it to be so.

Dr. Barret.—I think it has an influence in two ways; it relaxes the muscular rigidity of the perineum and diminishes the force of the uterine contraction.

Dr. Nelson.—I think it has still another influence in that it diminishes reflex irritability, that chloroform diminishes the irritability that comes from the pressure on the perineum, and so diminishes the suddenness of the action of the uterus in addition to the direct effect on the contraction which Dr. Barret has spoken of.

Dr. Johnston.—Now when labor comes on and the child's head comes down to the symphisis pubes and several of the muscles are put on the stretch, the transverse perinei, and several others whose names I don't remember; the tendency is to rupture these muscles. Nature will give a greater force if the woman has power through the nerves, and we all know how the nerves are increased in that portion of the uterus during gestation.

Dr. Williams.—This subject of obstetrics is not my forte, but I will say that while I was in Germany and visiting the lying-in-

hospital at Vienna, where there were thirty or forty cases of labor in various stages at the same time, in the same room, I observed the assistants cut the perineum, a number of times, for the purpose of giving the head more room to escape. It seems to me this idea of rupture of the perineum is not such a dangerous thing. I saw them do it a number of times. The cut was as much as a quarter or a half an inch anyhow.

DR. ROWLAND.—It seems to me that the text has been partly missed. I understand Dr. Hurt's paper not to suggest that the limbs ought to be straight or anything like straight, nothing approaching it, but that great flexion was referred to as being in all probability injurious.

DR. HURT.—My idea can, perhaps, be best illustrated by the position in which the surgeon puts his patient for the operation of lithotomy. He flexes the limbs as nearly as possible upon the abdomen and abducts them. He has two motives. The first is to get the limbs out of the way and gain free access to the parts to be operated on, and the second is to expand the integuments and fascia. And while these are both important advantages in facilitating the operation of lithotomy, as also some of the manipulations in obstetrics, such for instance, as the touch to ascertain the state of the os, or the nature of the presentation while yet in the upper strait, the application of the forceps, etc., for the two-fold reason that they give free access to the parts, and at the same time shorten the distance to be traversed by the finger or instruments of the accoucheur. But at the supreme moment of the passage of the fœtal head through the vulva, whether by the natural forces or by the aid of the forceps. Strong flexion and abduction are not necessary for any manipulations required by the accoucheur, and if my views be correct—that they put the integuments and fascia, more or less upon the stretch, they would certainly increase the danger of laceration. That the bony pelvis governs the direction of the fœtal head so long as it remains within its grasp, I am free to admit. But I maintain that at a certain stage of the labor, in some cases, the head is enveloped almost entirely by the tissues composing the floor of the pelvis, which cover it like a hood, and the greater the flexion and abduction of the thighs beyond that degree which admits of the most perfect relaxation of these parts, the more tightly will the cap be drawn, and the greater the danger of laceration.

Saturday, May 21, 1881.

Dr. Lutz made a report on the Missouri State Medical Association for which see the June Journal.

Dr. McPheeters.—I have one remark to make. I think there is no doubt of the fact, that the reason these meetings are not better attended, is that the season when they are held is an unfortunate one, from the simple fact that our State Association meets almost the same time as the National Association, and this keeps many away. I think if we had it at some other season of the year it might be better attended. I think this Association ought never to be abandoned, because we would show a want of professional interest. Prior to the year 1850, we had no State Association, and the Association before the civil war was strong and interesting, I should be sorry to hear that the Association was abandoned.

Dr. Rumbold.—I am very much in favor of the State Association meeting at another time of the year, I believe our attendance would be better. There are so many medical associations meeting in the Spring. I think it would be well for the different societies throughout the State to discuss this matter and bring it before the Association next May. I would say that the committee of arrangements, as far as I could see, did excellent work. Dr. French the chairman, and the other members of the committee were untiring in their efforts to please every one.

The Laryngological Society.

Dr. Porter being called upon for a report of the recent meeting of the American Laryngological Association, said: It may be interesting to explain what this Association is and what its purposes are. Three years ago most of the physicians making a special practice of diseases of the throat and lungs, answered a call to meet at Buffalo, and organize an association for the promotion of knowledge in all that relates to diseases of the air passages. The meeting was successful in every sense, and since then there has been constantly increasing interest shown by its members. These members are few in number, the limit of membership being fifty, but they represent all of the

large cities of the United States and Canada. Among the membership are such honored names as Elsberg, Lefferts, Beverly, Robinson, Bosworth, Cohen, Seiler and Knight the President for the ensuing year.

The recent meeting in Philadelphia was largely attended, and for three days good earnest work was done in the physicians and surgeons hall. Many of the profession from the city were present, and on several occasions gave the visitors proof of their interest. I need not refer specially to all the papers presented. A valuable contribution was made to the subject of lupus of the larynx by Dr. Knight of Boston. A very thoughtful paper on laryngeal phthisis by Beverly Robinson, and a classical study upon the structure of the thyroid cartilage by Dr. Elsberg. Many others, the record of which will soon be made were also read.

This Association publishes its proceedings in the *Archives of Laryngology* a handsome quarterly; now an authority in this country and in Europe. There has been great advance in the position held by laryngologists during the past several years. Several local societies besides the general one mentioned, have been formed in this country and abroad. The recent Laryngological Congress at Milan, and the sections in the approaching medical congress are worthy of mention. I am glad to say that the practice of laryngology has ceased to be an experiment and that the efforts now being made, are resulting in rich contributions from all languages.

Hydatid Mole.

DR. FISCHEL.—I should like to present something to the Society, not because it is new but because it is pretty. I presume many if not most of the members of this Society have seen hydatids that have been passed with the chorion. This is a very large specimen, and, I think, beautifully preserved. The history of the case is that the lady who passed them is a primipara, 22 years old and of very delicate health, who has been married about one year, and who, six months ago, first missed her courses, and for three months there was no appearances of the menses whatever. After that, at intervals of about two weeks, she flooded somewhat. During this time—within the last three months—she suffered frequently from nausea and was altogether very uncomfortable. This morning, very early, the

midwife, who presented me with this specimen, was called and found her suffering very much, and on making an examination she found a soft mass, and on introducing the hand into the womb these were discharged. She didn't know what they were and became rather anxious and remained with the patient until the chorion was thrown off. The patient during the expulsion of the hydatids suffered from nausea and vomiting. She could retain nothing on the stomach. When she took a little ice or water it was no sooner swallowed than great retching came on. The hemorrhage ceased after the chorion was expelled, and immediately after that time the midwife brought this specimen to me, and I thought I would present it to the Society, and get from those more conversant with the formation of these hydatids than I am, something of the pathology. This is one-half the quantity passed. The abdominal dimensions of the woman were exceedingly large. She seemed to develop this increased dimension very rapidly. I mention this because I believe that this is one of the features by which to make a diagnosis of the formation of those cysts.

Dr. Fairbrother.—Mr. President, I would like to inquire if these hydatids are not mere additions to a blighted ovum, if they have any connection with pregnancy, if their existence does not imply a blighted pregnancy necessarily? If they occur under any other circumstances? We have had several moles presented to this society from time to time, and discussion upon them and their difference from this specimen is so slight that it does not occur to me.

Dr. Barret.—I would say, Mr President, in reply to Dr. Fairbrother's question that, of course the presence of hydatids in the uterus indicate that pregnancy has occured, it is evidence of pregnancy. These hydatid cysts as I understand it, simply consist of development of chorial villi. Hewitt, who has given more attention than anybody else to this subject asserts that when the placenta undergoes hydatid degeneration it is the consequence of the death of the fœtus, and the death takes place before the development of these cysts begins. That is true in most cases, and in the large majority of cases we find what is found here—no trace whatever of the fœtus. There is no trace of the fœtus in the large majority of cases. Again the development of hydatid cysts does not necessarily involve the death of the fœtus. Living children have been born in which there was some development of hydatids in the placenta; so that the development of these cysts is not necessarily the result of the death of the child.

ARTICLE XXIII.

THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]

[Continued.]

REPORT OF THE COMMITTEE ON SURGERY By DR. CHAS. T. PARKS of Chicago, Chairman.

The report is made up of a compilation of published items mainly. No attempt has been to cover the extensive field of surgery. The management of wounds is a subject close to the heart of the surgeon and full of interest to him. He should inflict no wounds if possible. A great interest has been felt in this subject of simple wound treatment. The antiseptic treatment has become very generally adopted. The older men stand aloof and give it but a halting acquiescence. Until lately, nothing but praise was betowed upon it, but lately surgeons have given up a part of the methods and they claim that it acts as well. The spray has been discarded by many on the continent, some claiming this to be better, and using instead a carbolized irrigating wash. From the midst of different opinions expressed, the following seem to be agreed upon by all as necessary conditions in wound treatment: 1. Free drainage; 2. Close coaptation; 3. Perfect rest.

1. Free drainage must be such as not to have a flow of the liquids dependant upon the tissues or antagonastic to gravity. The rubber tube has been used for this, but it has the disadvantage of leaving a sinus. It is sometimes left too long—72 hours marking the maximum limit for its retention, after that the longer it remains the more harm it does. Capillary drainage has been accomplished by means of horse-hair, cat-gut or strands of silk-worm gut, which last is the best. They do not swell nor do they come in close contact.

Neubauer's resorbent bone-tubes have been used for nearly two years, and there are no objections to them except their high

cost. They are decalcified bones and carbolized. They drain freely and are absorbed, so that after their insertion no further care is necessary. The period they remain as drains is from three two five days.

Dr. McCluren of Glasgow uses chicken-bones for the tubes, and they are the best. By means of his suggestion the tubes can be made at a nominal cost, and remain unabsorbed for eight days. The clogging up of the tubes can be prevented by putting horse-hair in them and then removing it.

2. Close coaptation cannot be secured or maintained in the presence of bleeding vessels. Prof. Lister's catgut ligature is safe and considered the best. It has stood the trial and no trustworthy evidence brought up against it. The great objection is that it may be absorbed too soon and lead to secondary hemorrhage.

Torsion can be safely depended upon when well and safely done, and it has been applied to the largest trunks, in London. In a small vessel it is simply twisted off. In the larger the vessel is taken at right angles and turned slowly until there is no resistance. Here there is no foreign substance to be removed by softening and no danger of not well tying.

As to ligature, none produces as little irritation as the silkworm gut. It is not as expensive as the silver wire and but little more so than silk. It is not so stiff, but as durable as wire and more reliable than silk. It can be removed without discomfort. It is no uncommon thing to see a suture eating its way out. The readiness with which catgut is absorbed has prevented its being used as a suture. To steep it in a solution of chromic acid is claimed to obviate this; it will then resist absorption for fourteen days. This is the manner in which it is being used by Dr. McEwen of London. Prof. Lister lauds its usefulness, after submitting it to trying experiments. Stay sutures when secured to pieces of lead will secure good coaptation.

3. Perfect rest is obtained by the equable pressure of splints, pads and bands. Listerism, above all other things, tends to secure rest that will lead to speedy repair; besides it prevents fermentation and blood poisoning, which may prove fatal. Lister has had the good fortune to have extensive wounds unite throughout without any pus or discomfort. The process is often difficult to carry out, and sometimes impossible, but his confidence is steadfast and powerful.

Alex. Ralston of Aberdeen, made 101 trustworthy experiments on the presence of micro-organisms (micrococci) in the pus and fluids of acute inflammation of the tissues of the body. He found that the severity of the inflammation is proportional to the number of organisms present, and that as the symptoms disappear they decrease in number.

The injection of the products of inflammation into the cellular tissue of animals, produces blood-poisoning and local abcesses. The intensity varied with the virulence of the fluid, the rapidity of elimination and the strength of the animal. The blood of the animals after the injection showed the presence of micrococci. They are never found in cold abscesses; but are rapidiy produced when exposed to the air. Spray or irrigation of carbolized water will keep it free. Callender's fluid caused the disappearance of micrococci and they never appear on fresh wounds under Listerism. This assuredly shows the benefit of antiseptics in the treatment of wounds.

Varicocele.—A prominent surgeon of the East lately said in public, that he knew of five deaths resulting from the subcutaneous ligation of veins.

Not only is the operation followed by fatal consequences, but sometimes in mutilation, sloughing off of the scrotum and testicle. Gantt says that the consequences are variable. Erichsen has observed two deaths, Gross one, Curling two, etc. Dr. R. G. Bogue of this city, gave to the Cook Co., Medical Society a plan of treatment promising the greatest degree of success.

An incision is made in the scrotal walls and the veins are exposed. These are ligated, the ligature being cut short—gut being used together with carbolized dressings. No accidents follow and there is scarcely any pain. In the ordinary method of ligating, the venous circulation is cut off *in toto*, and you may easily imagine what consequences may follow.

Basing an opinion on a few dissections of the scrotum after ligating, I am of the conviction that it is only through good luck that enough circulation is left, in the ordinary operation. The danger of phlebitis is present to a great degree, which is prevented by exposing the veins and ligating with gut.

I have had two cases of complete division of nerve trunks, The ends were approached and sewed with fine cat-gut and nerve function restored. One case was that of an incised wound of the hand. The sheaths of the flexor tendons were

laid open, the ulnar artery and nerve and the flexor carpi ulnaris were cut. The tendons and nerves were approximated and sewed and antiseptic dressings applied, the hand and arm being immobilized. On the fourth day the dressing was removed. On the seventh day all sutures were removed, there being sensation in the little finger only. Three weeks later motion and sensation were completely restored.

The other was an old injury also of the ulnar nerve. There was absence of sensation and motion in the parts supplied by it, for eighteen months. The extremities of the nerve were separated three-eighths of an inch and were bulbous. The ends were snipped off and then stretched and fastened together. The arm was immobilized in a semi-flexed position and antiseptic dressings applied. In ten days the wound had closed; on the sixteenth day the area of sensation had increased in the back of the hand. In four months motion and sensation were established. The best results are obtained by the suture of a nerve immediately after section.

Quite a number of operations on nerve trunks have been performed, in cases otherwise hopeless. Stretching of the great sciatic nerve for sciatica; for the fulminating pains of locomotor ataxia, Langenbeck has stretched both the sciatic and anterior tibial nerves. Esmarch has stretched the cords of the axillary plexus with good results. Ellenmeyer's case was a failure because performed too late. Charcot attests the good results from this operation, but can give no explanation. At no distant time the uncertainties of its application will disappear, and its proper time and place will be determined.

It has been used for persistent neuralgias, and is as good as sections of the nerve. Paralysis is the immediate result, but disappears in some little time. In the tetanus with spasm it is a good procedure.

I have made some experiments on the tensile strength of nerve trunks. The force was applied at right angles to, and parallel to the fibres. A loop of small rope was placed under the nerve and tightly bandaged above and below, and the weight slowly added, consisting of water in cans. In the longitudinal tension the limb was allowed to hang in a line parallel to the force, and the cadaver was held by a tripod.

The median nerve gave the following results:

With the force at right angles it ruptured at 57¾, 64½ and 85

lbs. with the force parallel at 52, 36, 34¼ (stretching 3 inches) and 34½ lbs. (stretching 2½ inches.)

The Radial nerve bore a force at right angles as follows: 20¼, 18¼ and 19 lbs. The other force up to 8 and 14¾ lbs (stretching 1 inch.)

The Ulnar nerve gave way under forces, at right angles, of 43¼ and 49¼ lbs. When a parallel force was applied it gave way at 20½ (stretching 4 inches), 20¼, 18 and 18¾ lbs (stretching 3½ inches.)

The Temporo-facial ruptured after 5¼ lbs had been applied. The main trunk could not resist a force of 7½ lbs.

The Anterior Crural nerve required a transverse force of 80, 111¼ and 90¼ lbs; whilst a longitudinal force of 58½ lbs stretched it 2½ inches, and one of 63¼ lbs stretched it 3 inches.

The Sciatic nerve required a transverse force of 211 lbs, another at 200 lbs broke the iron hook and at 226 lbs ruptured. The cauda equima was generally pulled out before rupture of the nerve could be accomplished. In a fresh cadaver a force of 92 lbs stretched the nerve 4¼ inches pulling the cauda; and on the other nerve? 78 lbs sufficed to accomplish the same, the amount of stretching being 3½ inches.

These experiments convince us of the great strength of the nerve trunks, and it seems scarcely possible to rupture them by pulling with the finger, sound or director. It also shows that the force used is transmitted to the spinal cord at the point of origin, and if the nerve be ruptured here it will induce paralysis.

The amount of elongation is pretty constant in all the trials given, and might, perhaps, be a guide to the amount of force to be used in nerve stretching.

CASE OF COMPOUND FRACTURE OF BOTH BONES OF LEG, IMPLICATING THE JOINT. Sub-report on Surgery. By DR. DAVID S. BOOTH of Sparta.

The patient W. W———, is 68 years old. He was found in a helpless condition and the history of the case is contradictory, the train conductor saying that he was intoxicated, and the patient denying it. The patient accuses the conductor of pushing him off of the platform, which the other denies.

When seen the countenance was blanched, the eyes sunken

and the pulse feeble. He was given whisky. The wound was an inch and a half above the ankle—horizontally around the leg, extending to the bone and within a half-inch of the tendo achillis. The tibia was fractured an inch and a half above the joint. The foot was everted and the lower end of the upper fragment, prominent. Contrary to the rule, I explored the wound with the finger to note its depth and to clear it. The age and previous habits of the patient precluded amputation. After clearing with water of one-fortieth strength of carbolic acid; the soft parts were brought together and closed with silver sutures and rubber plaster, the drainage being accomplished by a spiral roller. The leg was placed upon a double inclined plane and opium given. Carbolized water was used as a lotion. The foot, however, became everted as soon as the splint was removed. After ten days, Day's side splint was placed upon the inside of the leg and foot, and a support outside. This was continued six or eight weeks, and the patient gained in flesh and strength; but, whenever the splints were removed the foot became everted. All the methods employed failed, nothing but the skin healed.

I called in Dr. Hodgen, who suggested the removal of all the dressings and turning the patient loose. At present, nine months after, the parts are as when he first removed the dressing; the foot is everted and can bear but little weight.

Now what can be done for this patient? How would tenotomy of the opposing muscles do? Amputation may kill the patient.

New Sugical Procedures, by Dr. Wm. Byrd of Quincy.

The surgeon who simplifies an operation, or who makes it less dangerous is a real benefactor to his race. The destruction of the superior maxillary nerve is not unfrequently demanded. Dr. Gross, in referring to Carmichael's operation, says that it involves the use of too many instruments. In the middle of last July (1880) Mrs. Powell of Shelbina, came to me to have the maxillary nerve excised. I thought of Hodgen's operation, but the objection to it is that hemorrhage may ensue, and a clot form which may probably destroy the eyesight. I made a V shaped incision at the point of the nose, ran a "devil" instrument behind the eye, crushed down the bone and cut the nerve, leaving a drainage tube in.

A lady came to see me, who had been suffering for fifteen years with trouble of the frontal sinus. I cut off the frontal bone, and found beneath a cheesy mass and dead bone, which I removed, the ethmoid bone being almost entirely taken away.

In operating on the trachea I have used the tube. I operated for œdema of the glottis, leaving a physician to watch the case and the patient had strangling and died before the other woke up. Martin's wire for holding the trachea open is not open to this objection. The difficulty of performing this operation on a fat child, is that your incision makes a deep well, and it is difficult to catch a suture and pass it through. I take a sewing machine needle, heat it and bend the pointed extremity almost at right angles, and hold it in a jeweller's pin-vise. Drop it longitudinally in the wound, and then pass it through the skin catching the suture.

REPORT OF THE COMMITTEE ON OBSTETRICS. By DR. H. WEBSTER JONES of Chicago, Chairman.

In a paper written by Dr. J. T. Johnson of Washington, the comparative growth of gynecology into a specialty is given in a brilliant manner. This also shows the preponderence of uterine affections. Whether this is due to the greater amount of observation devoted to them, or to the manner in which obstetrics is practiced is a question to solve. Lusk says that two or three rash or unskillful practitioners have kept a gynecologist occupied.

We can further agree, with the author quoted, that the fault does not lie at the doors of our alma maters, but the failure is chiefly in our post-graduate course, so to speak; when that ancient axiom about meddlesome midwifery seems a god-send, and we ignominiously leave our patient. When we assume recklessly, the cases of grave obstetric procedure.

I do not hope to provide you with curious novelties. I only wish to re-dress old truths, that may not prove uninteresting.

The preliminaries must be well attended to. It is necessary to have a thorough acquaintance of the subject, and to secure the confidence of the patient. The social and hygienic bearings must be noted, and the patient taught useful sanitary rules. Uterine alteratives are to be given if necessary, astringents cautioned against, and even the minutiæ of the bed and person

attended to. Finally the physician must describe the signs by which the woman may distinguish the approach of labor, and prepare and compose her for the event.

The accoucheur first washes his hands and cleans his nails, and the subsequent examination determines the position of the child and the prognosis. If the pains are sufficient to dilate the cervix to the size of a dollar, he can put two fingers in it and gently dilate it. Useless and injurious outeries are to be stopped. If the os is rigid and the pains insufficient, opium is to be given together with hot water douches.

If the os is hard against the sacrum, it is drawn gently and decidedly to the center of the pelvic cavity.

As the head descends much comfort may be obtained by the pressure of two fingers upon the coccyx and sacrum. Should the head be stationary, after one hour's hard pain, artificial aid should be given, and if the patient is composed, no anæsthetic will be necessary. When the head has advanced or the perineum extended, the forceps are to serve as a guide.

An educated hand over the abdomen should be pressed on the uterus. The head is born, then the lower arm, then the upper and finally the hips.

The perineum, vagina and cervix must be examined to discover any accidents. If the placenta is in the vagina it must be removed; if not, traction is to be made on the cord, if the uterus is globular. If inert, massage, or ergot is to be judiciously applied. Always search for any remnants of the placenta, if any remain. Then the hot carbolized solution is put in, until sepsis is not probable. The physician can leave two hours, or at the least, one hour after the delivery of the placenta.

Laceration of the perineum should be treated by a primary operation, by suture and the lateral or prone decubitus enjoined.

In conclusion, the patient should be visited every day, the pulse, hypogastrium and ankles examined. The bladder and rectum should be emptied, but no laxatives given. The recumbent position should be enjoined until the lochia have lost their color and the uterus is no longer felt. If blood reappears the same decubitus must be assumed and hot water douches applied twice a day. Operations are best postponed until eight or ten weeks have passed.

The following suggestions are worthy of attention:

1. An intelligent confidence, one thoroughly established between patient and physician does much to banish the terrors of the lying in room.

2. It is possible to foresee and prevent the occurrence of the almost fatal form of eclampsia gravidarum.

3. Cleanliness is especially next to godliness, in the case of the accoucheur. Its absence renders one liable to professional homicide.

4. The modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all inexplicable, accidental or morbid states and conditions. Idleness is no longer an approved qualification for a degree of obstetrics.

5. The hand is the best uterine dilator.

6. The forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should become skillful in their use and they should never be left at home for fear of temptation.

7. Unnecessary and avoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.

8. The patient's hopeful confidence, and the physician's industrious attention, actually contribute to the physiological element of labor. Anæsthetics here, are, to say the least, superflous.

9. Bi-manual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skillfully rendered, the cry of "uterine inversion" becomes no longer a bug-bear.

10. The continuous and intelligent counter-pressure over the fundus uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or longer time is a safeguard never to be neglected.

11. Pursuant to the same end, the application of the bandage and its continuance, as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to

comfort, but to speedy involution. After the seventh day, close pressure must be interdicted.

12. Puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.

13. The duties of an obstetrician are not concluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.

DISCUSSION.

DR. DELASKIE MILLER, of Chicago.—I entirely approve of the report and am delighted that the committee should present a subject, considered so simple. The functions of parturition are more complicated, and tax the resources of nature more than any other. Nature performs the work and in the lying-in room, the physician should be considered the assistant of nature, and as long as he remains in this position he cannot come under the ban of medlesome midwifery. I rise only to commend the paper to all who have heard it. There are two points I wish to refer to, because they have more extensive bearings to gynecology than is generally supposed.

The author refers to rigid os, and gives judicious directions to overcome it. This disposition depends upon different conditions. The simple course suggested may be sufficient in some, but others may be present also aiding to delay parturition. To comprehend this we must study the efficient, determining causes labor. The maturition of the ovum is attended by molecular changes, by which the ovum is loosened from its connection with the uterus. This should occur in every labor at term; unfortunately it does not. When such is the case, the contraction is unable to dilate the os, because the bag of membranes cannot protrude through the os, and acts rather as a ligature holding the os in its position. In a perfectly normal labor, the membranes separate and protrude. This is not the case when maturition of the ovum is not complete. The consequence is that the uterus contracts, not efficiently but powerfully, the os not dilating. The uterus increases in force and laceration takes place. Can that be obviated? It can be. Pass the finger

between the membranes and the uterus, and carry it around the uterine circumference, as far as possible, and the consequence will be rapid dilation.

In the second place, the cause of ruptured perineum depends often, I believe, because the attendant does not recognize the relations between the body of the child and the tissues. He permits extension to take place prematurely; and if he allows this, the occiput comes under the arch of the pubis, the tissues cannot accomodate this elongated diameter and a tear ensues. Compell flexion until the occiput has passed the arch and the perineum will be saved.

A FEW PRACTICAL HINTS ON GYNECOLOGICAL SURGERY, being the Report of the Committee on Gynecology. By DR. J. W. DORA of Mattoon.

After making some preliminary remarks, the author proceeded to say that gynecology, as a science, was still very young and in its infancy. There are many influences retarding its progress. The orthopædic surgeon, the aurist and oculist give frequent clinical demonstrations of diseases; but this is not as feasible in gynecology and obstetrics. The future may effect a change in this respect. Again, in a newly opened field of science, the spirit of dogmatism is very common and tends to retard its progress.

Many will remember, that twenty years ago, after Simpson of Edinburg, popularized tents, injections and sounds, they were indiscriminately used. Intra-uterine injections may do mischief and they have been assigned their proper place.

The cervical section of Sims and Simpson, has been grossly abused. To day it stands on its proper basis as a valuable resource in sterility and obstructive dysmenorrhœa; and Emmett's operation is undoubtedly of great value, although it is still abused.

At this present time, a certain surgical mania seems to be moving surgeons to slit and close up every cervix, through which a child has passed.

Let there be general hospital facilities for observation and demonstration, and dogmatism will disappear. The two operations referred to, are perfectly legitimate ones, when properly done. In the treatment of obstructive dysmenorrhœa from a conical os and constricted canal, a partial incision is necessary.

Introduce the speculum, produce analgesia, dilate rapidly, put in the narrow blade of Emmett's incising scissors; cut on both sides up to the vaginal junction, put in a cotton tent with a strong solution of carbolic acid for twenty-four hours. In a few days introduce graduated sizes of tents; it is a harmless measure and there is no operation in gynecology, perhaps, more delusive and disappointing than cervical section. In some cases, it holds out the only hope of relief.

In menorrhagia or metrorrhagia from fungosities, a single application of Thomson's curette, or of carbolic acid and iodine solution to the uterine cavity will often effect a cure, the neck being tamponed with cotton.

Anæsthesia is a great boon to gynecological surgery, as all the operations are painful and long. Patience is greatly necessary. In 1846, anæsthesia was given to the world, and gynecological surgery dawned into light. We assume the position that enlightened conservative surgery is the pivot around which gynecology will revolve, in the future. Not that the claim of surgical means is advocated above the medical treatment, for there is no clashing here.

There is a large class of conditions due to labor; lacerations of the cervix and perineum. They are not only the cause of septicæmia, but of sub-involution of the vagina and uterus, and and the cause of chronic diseases of the viscera of the pelvis. Repair as soon as possible, in an injury fraught with danger, immediate and remote, has always been my practice. If the primary operation fails, nothing is lost, and as soon as the lochia cease, I practice the perineorraphy of Jenks of Chicago. The paper closed with a description of the operation.

DYSMENORRHŒA; ITS ETIOLOGY AND TREATMENT, being a sub-report by DR. ELLEN A. INGERSOLL of Canton.

Painful menstruation should be exceptional. The proper intuitive balance between waste and repair is destroyed. There are derangements of the nervous system and its reflex accompaniments. There is pain in relation to the amount of flow and to other causes. The anæmic condition is a cause. Again, a number of cases are of a congestive or neuralgic type, and it is in this class that we can hope to effect a permanent cure, althongh not so brilliant as in those having flexions, etc.

It is a fixed fact, that the whole membrane of the uterus is thrown off at each menstrual period, and every degree of suffering from a few slight pains at the beginning, to the greatest agony, is experienced.

In many cases the pathological condition of the mucous membrane is associated with some active uterine neurosis. The circular fibres of the neck, are like the condition found in stricture of the urethra, bronchiæ or trachea. Flexions of the cervix, at puberty or a little after, are from want of balance, in relative growth of the cervix and body, and the flexure occurs at or near the vaginal junction. The cervix may become flattened from congestion; but in flexures the pain is very great.

Dysmenorrhœa, during the flow may occur in other forms, but it is rarely absent in flexion of the body.

The treatment is both general and local. The general treatment is to be directed to the immediate symptoms. Hepatic and uterine derangements are closely connected. Late physiological experiments have shown, that if the cholesterine is not eliminated from the liver, the nervous system suffers derangements, Mercurials, Berberis, Cascara sagrada, etc., are indicated.

Hygienic measures are indicated. General and local electrization, together with tonics, and the removal of all superfluous weight of clothing from the hips, is to be followed by its transfer to the shoulders. Exercise and proper food are also called for.

The doctor is usually called for where immediate relief is needed. Among the numerous teas, German chamomile given at the begining of menstruation is among the best. In the marked spasmodic or neuralgic type Piscidia, Pulsatilla, Viburnium and a mixture of aromat. spirits amm., ginger and chloroform where opium is not tolerated. If the habit of dysmenorrhœa continues, an examination must be insisted upon and a condition requiring medical or surgical treatment will be found. In spasmodic stricture of the muscular fibres of the cervix as in stenosis, dilatation is most efficient. The hollow laminaria tents are the most successful, as the fluids can discharge through them.

Flexions of the cervix predominate, and are mostly due to causes affecting the general condition in early menstrual life Dilatation and the faradic current and routine treatment are

very satisfactory in those cases. Flexions of the body, are the result of present or past cellulitis. There are many operations for division of the neck, but the degree of success by which they are attended does not seem to be great.

Polypoid growths are met as a cause of dysmenorrhœa. I have seen a case some 22 years old, in which they had existed for the last two or three years. The patient suffered intensely. There were clots, the flow was scanty, and the uterus the size of one two and a half months pregnant. There were two mucous polypi, one at the external os and one within. There was great congestion and swelling. They were removed two years ago, and followed by a perfect recovery.

Pessaries, I will not discuss, as they are more allied to flexions and versions than to dysmenorrhœa.

ARTICLE XXIV.

Periscope.

A NEW LIGATURE.—Mr. Croft recently tied the external iliac artery of a patient at St. Thomas's Hospital with a carbolized ligature made of kangaroo tendon. The patient had an ilio-femoral aneurism. The ligature in this case acted admirably; pulsations ceased, the wound soon healed, and three weeks after the operation there was every prospect of complete recovery. The ligature is very easily prepared, and does not, it is said, alter with keeping. It is tough, it is flexible, and it is flat.—[*Medical Record.*

EXPERIMENTAL RESEARCHES IN THE ABSORPTION AND ACTION OF METALLIC MERCURY.—Dr. Paul Fürbringer (*Virchow Archiv.*) says that two questions remain to be solved with reference to this subject: 1. Does the metallic mercury of gray ointment penetrate as such into the system in ordinary inunction? 2. Is the metal oxidized by contact with the juices of the system—that is, is it changed into an active soluble form? Fürbringer

says that the first of these questions has been answered, first affirmatively, then negatively, by successful investigators. The second question has only been investigated in the reagent glass, and the result transferred to the account of the organism.

In investigating the subject, Dr. Fürbringer divides the first into three parts, depending on the method of absorption: (*a*) in the place of application, by mechanical passage of the globules through the skin; (*b*) by breathing in vapor; (*c*) by the penetration of the vapor through the skin.

After giving a thorough examination of the rather contradictory results obtained by previous observers, Fürbringer details his own careful experiments under three heads. Following are the conclusions which he has reached:

1. By inunction with fresh gray ointment (free from oxidized mercury) into the intact skin and mucous membrane metallic globules are forced into the hair follicles and sebaceous follicles at the site of application, and under the influence of the glandular secretion are changed into a soluble absorbable combination.
2. The mercurial vapor taken in by respiration condenses in metallic form on the accessible portions of the mucous membranes, and remaining there is gradually changed into an absorbable, soluble oxidized compound. On the other hand, neither do the metallic constituents of gray ointment penetrate the uninjured skin at the point of inunction, nor does the metallic vapor penetrate through mucous membrane or skin, to exist as such in blood. In abraded skin, however, opportunity is given for the passage of metallic mercury into the circulation at the point of inunction by the existence of bleeding points in the skin. So soon as metallic quicksilver comes into contact with the living blood it is changed into a soluble active compound. Apart from the mechanical penetration of metallic mercury, the drug can only get into the system as above mentioned, by becoming changed into some soluble salt when in contact with some denuded spot.

In some comments upon these investigations, Dr. H. C. Wood, of the *Philadelphia Medical Times*, says that Fürbringer's results, although in contradiction to those of several investigators of distinction, appear to be founded on such complete and careful experiments as to make it likely that they will influence the pre-

sent views on the subject of the absorption of metallic mercury. —[*Lancet and Clinic.*

THE TREATMENT OF GONORRHŒA.—About six feet of quarter-inch soft rubber tubing is attached at one end to a small lead pipe, which admits of being bent so as to hang over the edge of a bowl, or other suitable vessel, and dip down to the bottom of any fluid it may contain. To the other end of the rubber tube is attached a soft rubber catheter, No. 6, in the end of which are made about eight small openings instead of one large eye. The patient is directed to sit near the edge of his chair, so as to leave the urethra and perineum in a relaxed condition. In the bowl is put a weak solution of Condy's fluid, and then placed on an elevated stand as a shelf or sideboard. The temperature should be that of the body. The syphon action of tube and catheter is established, and then compressed by the finger and thumb. The catheter, after being anointed with vaseline, which suits better than any other lubricant, is gently passed up the urethra to near the prostate gland. The fluid is now allowed to flow. It escapes through the small openings in the end of the catheter, and washes out the uerthra from behind forwards, the soft catheter slightly dilating the canal, and yet not obstructing the flow in any way. The medicated fluid must in this way come into even contact with every part of the mucous membrane; and whilst accomplishing the object of thorough local application, also removes all irritating discharges. This can be done daily, and is attended with no other than a grateful sensation to the patient. The curative results are equally good—the severest and most protracted cases yielding in a comparatively few days. The patient can use it himself.

MATERNAL IMPRESSION.—Dr. L. L. Doty writes as follows in *Med. and Surg. Reporter*:

Your editorial on maternal impressions, and last week the article of Dr. Rawlins, brings to my mind a case strongly in point, which I will relate briefly:—

I was called, about three o'clock on the morning of March 27th, 1878, by Mr. H. He said his wife had been delivered of a child about half an hour before, and that the child was not right. On examination, I found the head drawn out in the form of a sheep's head and covered with black wool, which also

extended down the neck, across the shoulders and back and down the outside of the arms. The two central incisor teeth on each jaw were large and presented the same appearance that a lamb does when first born. The eyes were large and circular and looked just like a sheep's eyes. A stump of a tail, about four inches long extended out from the coccyx. Every few moments it would give a low, bleating cry, which sounded just like a young lamb. The body and limbs were those of a well-formed female child. On questioning the mother, she said she had a severe fight with a large ugly "ram," when at about the fifth month of her pregnancy, and was very much exhausted, when she finally got over a fence, away from the ram; but she said she had never thought of it since, until she heard the child give a cry just like a lamb. The child died with convulsions on the third day.

If this is not strong evidence of "maternal impressions" let us hear of some.

TRANCE AND TRANCOIDAL STATES IN THE LOWER ANIMALS.—These peculiar phenomena form the basis of an article by Dr. George M. Beard in the *Journal of Comparative Medicine and Surgery*, April, 1881, and the following are his summaries: Trance is a concentration of the nervous activity in some one direction. It is a state of degrees and gradations all the way from full trance, in which there is absolute suspension of the nervous activity in every direction except one, and a corresponding concentration of an exceedingly narrow and limited phase, as in apparent death and long-continued rigidity, and so-called trance coma, to the mildest and most transient dazing and bewilderment. Trance, as it exists in lower animals, whether quadrupeds, fish, or insects, or in forms of life in which the nervous system exists, is the same condition precisely as trance in the human beings, and is explained by the same theory. Through the whole range of phenomena, it is obedient to the same natural law, which is now no longer mysterious. It is explained as satisfactorily as any of the great laws of nature, certainly as any in the domain of biology. The state of trance has indeed in many aspects, already obtained the predictable stage—the last and best test of the organization of any science, where we can tell beforehand what will happen with certainty in many instances.

The only difference between the milder trancoidal states, so often observed in animals and in men, as in cases of intellectual absent-mindedness and the temporary loss of presence of mind, and the full trance, in which the animal or person is absolutely unconscious for minutes or hours, or days, or sometimes years is a difference of degree rather than of kind, and there can be no scientific study of the subject which fails to recognize this fact. These trancoidal states bear much the same relation to full trance that epileptiform and neurasthenic or neurasthenoidal states, or insanoidal states bear to epilepsy or neurasthenia or insanity.

The methods or processes of inducing trance and trancoidal states in the lower animals and in man are infinite, and there is no one of these methods that are best known which can be said to have any special or pre-eminent virtue over the other, except of convenience and degree. The philosophy in all these processes and manœuvres is to so alter the nervous equilibrium as to produce concentration of the nervous forces in some one direction, with corresponding cessation of nervous activity in other directions, and this can be accomplished by acting on the nerves of general sensation or of special sense, with profound excitation of emotion of fear and induction of physical helplessness, as when a horse is cast on his side so that it is impossible for him to rise, or a hen is securely tied by the feet, while at the same time the emotions of fear are energetically acted upon, and the nerves of sensation are affected by manipulation, or by fixing the look on the eyes. The simple excitation of the emotion of fear is itself, without any physical accessories, the most powerful of any single exciting cause, in animals or in men. When, for example, a horse is in a stable that has caught fire, he is often unable to move; he is then in a condition of trance, and the paralysis of emotion which subjects him to the danger of burning to death rather than escape, is one of the symptoms of the trance thus induced. The temporary paralysis of a horse unable to cross a track or move in any direction when a train of cars is approaching, illustrates the same principle. Human beings when surprised, in the same way, as when an alarm of fire takes place in a crowded building, are likewise entranced, and exhibit the same phenomena. Of the special senses, that of sight is decidedly the best to act upon, in order to induce the trance or trancoidal state. All the other senses may be similarly

utilized; as the hearing, when the animal listens to music, or to any monotonous sound or the falling of water, even the ticking of a clock or watch; the sense of smell, as when some powerful and agreeable odor is brought near to the nostrils. All these experiments apply with equal force to the higher as well as to lower animals.—[*Medical Record.*

MAY IODIDE OF POTASSIUM EXCITE BRIGHT'S DISEASE?—In view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether iodide of potassium may excite Bright's disease becomes one of considerable importance. In the *American Journal of Medical Science* for July, 1881, Prof. I. Edmondson Atkinson of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present, after death, evidences of marked kidney disease; and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic. In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since iodide of potassium has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the changes observed. He therefore made a series of observations upon seventy cases of late syphilis, of which nineteen presented evidences of renal alterations more or less grave. The relation existing between the administration of iodide in these cases, and the appearance of mucous or hyaline casts and albuminuria, was quite evident; as in a number, the abnormal elements gradually disappeared after the cessation of the remedy. The condition appeared to be catarrhal in character, and the casts were the result of renal irritation. In no case, however, was extensive parenchymatous inflammation of the kidneys excited; but an obvious syphilitic disorder of the kidney in one case disappeared under the full and systematic use of the iodide. The author's conclusion is that while the evil effects of the iodide of potassium are small and for the most part transitory, the occurrence of more severe alterations is not impossible, nay is probable.

To these evil effects some individuals are more susceptible than others.

THE MOSQUITO AS A CARRIER OF DISEASE.—A correspondent inquires whether there is "anything in the newspaper statement that mosquitoes are the agents for introducing dangerous parasites into the human blood." We are pained to be obliged to say that there is good ground for this addition to the disreputable "record" of the insect. The discovery was made a year or more ago,—we cannot give the exact date,—and has since been fully confirmed by further investigation. Dr. Meisoner of Leipsic in a German medical magizine, has lately summed up what is known of parasitic infection of the blood, and the following is an abstract of what he says of the *filiaria sanguinis hominis*:—

This parasite has been very thoroughly studied by Manson, of Amoy, China and Bancroft of Brisbane, Australia. The filiaria, while it may at times be present in the blood without giving rise to any symptoms, at other times appears beyond question to be the cause of chyluria elephantiasis, etc. The mode of its action would seem purely mechanical. The parasite lives in the blood or lymph channels and its accumulation at a given point gives rise to lymphorrhagia or inflammation. Two curious facts have recently come to light regarding this parasite. One is that the mosquito acts as a carrier; sucking the filiaria with the blood of an affected person, it afterwards deposits the ova or embryos, which have meantime hatched, in the water when it lays its own eggs. These embryos are then swallowed in the drinking-water by another victim; and so the circle of disease is completed. Another and a very curious fact regarding the filiaria was lately discovered; this is that it is a nocturnal parasite. During the day the filiariæ lie dormant at some point in the victim's circulation, but at night they sally forth and rove the currents of the blood the night long.—[*Boston Journal Chemistry.*

RUPTURE OF THE PLANTARIS MUSCLE.—In "*The New York Medical Journal and Obstetrical Review*" for July, 1881, Dr. A. Judson gives three cases in which he diagnosticated this injury. He remarks that it is seldom found described in systematic works on surgery, although its occurrence is probably very

uncommon. Its most remarkable feature is the trival nature, or almost entire absence, of an immediate cause. Persons are attacked while quietly walking in the street, stopping suddenly under the impression that they have been shot in the leg. Apart from ecchymosis, which is met with in but a limited number o cases, the only objective signs are œdema and deep-seated induration, and these are by no means constant. If there is an obvious gap in the muscles, with an adjacent muscular tumor, the case is to be considered one of rupture of the muscles, the term *coup de fouet* being conveniently used to indicate those cases in which the exact lesion remains undetermined. The diagnosis depends on (1) the suddenness of the attack; (2) the insignificance of the apparent cause; (3) the location of the trouble; (4) the pain, which is absent or slight when the part is at rest, and produced or aggravated by those motions of the limb, active or passive, which disturb the muscles of the calf; and (5) the great disproportion between the objective and subjective symptoms. Recovery is always protracted and is probably not much facilitated by treatment, which, however, should not be neglected, for the prognosis is sometimes unfavorable, especially when the affected limb is the seat of deep varicose veins, or show traces of former phlebitis. Local and general remedies should be directed toward the relief of pain. Repair of the injured structures should be promoted by preventing motion or disturbance of the part affected. The condition which seems best adapted to secure this object is that of enforced fixation with the knee moderately flexed and the ankle moderately extended. As recovery progresses, locomotion will be facilitated by a high-heeled shoe, which prevents the foot from being unduly flexed on the leg. Cases of this injury present opportunities for the exercise of judgment in the decision of the question of abandoning further rest and resorting to motion and exercise.

PUERPERAL CONVULSIONS.—Dr. D. W. Coble, of Westerville, reports to us a case of convulsions coming on at the beginning of the eighth month, with no sign of commencing labor. The usual remedies were resorted to, including hypodermic injections of morphine, but without avail. There was entire suppression of urine. Patient died in about twelve hours, having had about thirty convulsions.—[*Ohio Med. Journal.*

Article XXV.

Clinical Reports from Private Practice.

A Case of Retrocession of an Abcess with Convulsions. By J. M. G. Carter, A. M., M. D., of Grayville, Ill.,

M. F., a girl of eight years, was anæmic. She had suffered considerably during her life from ague. During the past winter she had not seemed to be very well, although she had a good appetite. Her mother thought she "had worms," but vermifuges failed to attest the fact.

One night at 11 to'clock, I was called hastily to see her. When I arrived I found the patient in a convulsion. Upon inquiry I learned that the child had been having convulsions every thirty or forty minutes since 6 P. M. I learned farther that the patient had suffered for several days previously with an abscess on her neck, which extended from the left carotid to the anterior border of the trapezius muscle.

The abscess had been treated with poultices and other domestic remedies during the six or eight days it had been giving trouble. The discharge had been free for the preceding two or three days, but a few hours before convulsions came on the discharge stopped.

The patient was moaning and muttering constantly. The pulse during the intervals was normal in rythm and frequency. As the convulsions approached it increased in rapidity, and diminished in force until during the attack it entirely disappeared at the wrist. As the convulsions passed off the pulse gradually returned, regaining its normal force and frequency.

The spasms were ushered in by a tremor, preceded frequently by contractions of the face, fingers and toes. Sometimes only the drawing of the toes down strongly by the flexors could be observed as a precursory sign. Sometimes only contractions of the fingers or twitchings of the face were seen. The tremor soon was followed by general rigidity of the body and extremities, which in a short time gave way to spasmodic jerkings. The head was drawn down to the sternum, and the gnashing teeth sometimes caught the protruding tongue. There was considerable frothing at the mouth.

The eyes were variable with general convergent strabismus. I was unable to make observations on the pupil. Respiration was difficult but not suspended. The face, during the attack, was contorted most hideously. The fingers and toes were constantly jerking, and not unfrequently the arms andlegs partook

of the same motion. After a period of five minutes, rarely ten, these symptoms gradually subsided and the convulsions ceased, to be followed in thirty or forty minutes by another. Thus they continued for thirty hours during which time the child had about fifty spasms, in the last of which she died.

I considered the convulsions due to the retrocession of the abscess, but as no post-mortem examination was made, I could not satisfy myself concerning the pathology of the case.

The treatment consisted in the free use of the hot bath, and the internal administration of anodynes and antispasmodics. The treatment seemed to make no impression upon the progress of the malady.

ARTICLE XXVI.

Book Reviews.

LECTURES UPON DISEASES OF THE RECTUM, and the Surgery of the Lower Bowel. Delivered at the Bellevue Hospital Medical College. By W. H. VAN BUREN, M. D., LL. D. 8vo. pp., 412. [New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.] Price $3.00

This ably written and interesting little work is a record of twelve lectures delivered by Dr. Van Buren, and embracing the principal points connected with diseases of the rectum. It is not many years since this region was made the subject of special study, and there are yet many obscure points in connection with the diagnosis and treatment of many of the affections.

The first lecture is introductory and treats of pruritus ani, erythema, herpes, chronic eczema, ecz ma marginatum, oxyuris vermicularis, and hemorrhoids. He is not in favor of removing external piles, preferring the application of general and local therapeutic measures. In the next lecture internal hemorrhoids are considered. In this he gives all the methods of treatment, including that by injections which he considers good, in certain conditions of the tumors. The after-treatment is also carefully considered.

In the third lecture prolapsus ani is taken up, and is followed in the next lecture by a consideration of polypus and benign tumors. A very valuable lecture is that on abscess, and the one on fistula and its treatment is also a very important one. Lecture seven, on fissure of the anus is well written and in it the author advocates the plan of forcible dilatation which has

been so often praised and condemned. Ulcers of the rectum, syphilis and chancroid are the subjects of quite a long lecture.

Benign stricture of the rectum occupies two lectures, and its treatment is considered at full length. Cancer of the rectum is also pretty fully considered and this valuable work concludes with a lecture on congenital, malformation, fæcal impaction, foreign bodies in the lower bowel, atony of the rectum, neuralgia and the hygiene of the lower bowel.

It has been a matter of considerable surprise to all of his friends, that Dr. Van Buren should not have issued a second edition of his work, long ere this. It has become an authority in the subject and a revision of the work was called for. This has been thoroughly done, and the present is a pretty good exponent of the present status of rectal surgery.

A System of Oral Surgery: being a Treatise on the Diseases and Surgery of the Mouth, Jaws, and Associate Parts. By James E. Garretson, M. D., D. D. S. Illustrated with numerous steel plates and wood cuts. Third edition, thoroughly revised, with additions. 8vo., pp. 916. [Phila: J. B. Lippincott & Co. 1881].

This is as complete a work on oral surgery as has been published, and is an honor to the author and a credit to the publishers. Dr. Garretson records here the experience of thirty years, the first fifteen of which he devoted to dentistry.

The first eight chapters of this book are on operative dentistry, and we find the following chapters up to the thirtieth devoted to subjects closely allied and related to dentistry. These chapters, although written for dentists, are of so instructive and entertaining a character that they cannot fail to interest the reader. This part has been prepered by the author with great care, and is a valuable feature of the book.

The parts of the face and neck, their diseases and the operations incident thereto, are taken up in detail and coppiously illustrated. The reginoal surgery of the face and mouthis a large field embracing, as it does, so many plastic operations, and calling forth the greatest amount of ingenuity, tact and excellence possessed by the surgeon.

This is a very good and successful book and deserves full credit for its great excellence.

Notwithstanding its large size, it is far from complete, as many valuable procedures are omitted, perhaps, unintentionally by the author. It is well nigh impossible to fill every nook in such a wide field of oral surgery, but the author wished to place this before the profession as a complete manual.

However, it is very well written and gotten up, and is deserving of success.

Transactions of the Medical Society of the State of New York, for the year 1880. 8vo., pp. 579–85. [Syracuse, New York: Standard Publishing Co. 1880].

A list of the officers and committees and a note on the organization of the Society opens the volume; the President's inaugural following; minutes of the meetings and various reports come next, and then the parts most interesting to the reader are arrived at.

There are so many good and valuable papers in the volume before us that it would seem invidious to refer to any one in particular. Many have since been published in leading Eastern medical journals. Altogether it is a handsome volume, well illustrated and containing many valuable contributions to medicine, a great part of which is doomed to oblivion, from the fact that very few will ever read this volume of transactions.

A Text book of Human Physiology, Designed for the use of Practitioners and Students of Medicine. By Austin Flint, Jr., M. D., illustrated by three lithographic plates and by three hundred and fifteen wood-cuts. Third Edition, revised and corrected. 8vo. pp. 978. (New York: D. Appleton and Co. 1881: St. Louis: St. Louis Book & News Co.) Price $6.00.

In these days of rapid evolution of thought, it takes but a very few years to make a book comparatively old and out of date. About five years ago the first edition of this work appeared and was rapidly taken up, so that two years later a second edition was called for.

The book has met with great favor at the hands of the profession and of students. The copy before us, of the third edition, has been thoroughly revised by the author and many new additions made to it. These consist of Bowman's views in regard to the functions of the Malpighian bodies of the kidney. A chapter on Animal Heat containing the author's views upon the subject, and which he published in 1879. Several other views are introduced and some eliminated as not being in accordance with the latest views held in physiology.

To attempt a critical review of the various points contained in this work would be a very long task, and the general excellence of the book is such that it is not a task to praise it, in the highest terms.

The illustrations are well executed and a real credit to the text.

We are glad to see that Dr. Flint has availed himself of the

columns of the JOURNAL, as witness the quotation on p. 890 of an article by Dr. Beck, which appeared in the JOURNAL in 1872.

On the whole, although not so deeply scientific a work as Foster's, it is written and gotten up in a much more attractive form for the student, and contains many more minor details which are necessary adjuvants to the class-room lectures; and to jog the failing memory of the practitioner.

THE PRINCIPLES AND PRACTICE OF SURGERY, being a Treatise on Surgical Diseases and Injuries. By D. HAYES AGNEW, M. D., L L. D., Profusely Illustrated. Vol. II. 8vo. pp. 1066. (Phila: J. B. Lippincott and Co. 1881. St. Louis: St. Louis Book & News Co.) Price $7.50.

This is a veritable encyclopædia of the subject and a very interesting one. It is very profusely illustrated, and written in a clever and concise style. This is the second volume of a work which a third will complete. It will be quite a large work but one not devoid of interest to the surgeon, the more so as Dr. Agnew occupies quite a high position among the surgeons of this country, and has become prominent as one of the consulting surgeons in the President's case.

This volume begins with dislocations in general, and passes to particular dislocations. Then comes a consideration of the diseases of joints in which hip-joint disease claims a large share of attention. The incision of joints and bones is next presented to the reader in a very clear and comprehensive manner.

The next chapter is devoted to the use of the knife and venesection; it is very short and concise. General considerations with regard to operations contain good advice. Anæsthetics next engage the author's attention, and is followed by a chapter on amputations. Shock is next spoken of including traumatic fever. Boils, anthrax, erysipelas, burns, etc., are the subject matter of the chapter immediately preceding that on injuries and diseases of the genito urinary organs. This is a very important chapter, as it includes many of the most interesting as well as difficult subjects connected with surgery.

Lithotomy, lithotrity, Bigelow's operation, nephrotomy and diseases of the kidneys are very fully considered in this chapter also. The surgical diseases of women is a very long chapter, in which, among other things, are considered oöphorectomy and ovariotomy. Surgical diseases of the spinal and dorsal region, and of the mouth conclude this volume, the last chapter, treating also of œsophagotomy and affections of the œsophagus and of poisons and artificial alimentation.

The work is a very exhaustive one and is a collation of a great many authors, Dr. Agnew's views, of course, prevailing throughout. It is an excellent work and will be appreciated by all who read it.

A TREATISE ON BRIGHT'S DISEASE AND DIABETES, with especial reference to Pathology and Therapeutics. By JAMES TYSON, A. M., M., D., with illustrations. Including a Section on Retinitis in Bright's Disease. By WILLIAM F. NORRIS, A. M., M. D., 8vo. pp. 312. (Philadelphia: Lindsay and Blakiston, 1881. St. Louis: St. Louis Book & News Co.) Price $3.50.

A good chapter on the structure and functions of the kidney introduces the subject to the reader, and renders the histology of this organ very clear by the aid of well executed engravings. Albuminuria and the mechanism of its production follows in a short chapter, the methods for examining urine being given.

Casts and their significance are dilated upon, full explanations being given, a beautifully colored plate illustrating waxy casts. In regard to casts the author states that he never found true casts in urine from what he considered normal kidneys. Charcot contends that hyaline casts are found in urine from healthy kidneys. Dr. Tyson makes the following general statements in regard to casts:

1. Hyaline casts are found in all forms of Bright's disease, as well as in temporary congestions of the kidneys, active or passive.

2. Epithelial casts are found in acute, subacute and chronic parenchymatous nephritis. In the latter two forms the cells are generally degenerated and fragmentary.

3. Blood-casts are found in acute parenchymatous nephritis, and where hemorrhages have occurred in the kidneys.

4. Pale granular casts are found in interstitial nephritis (contracted kidney) and chronic parenchymatous nephritis (large white kidney).

5. Dark granular casts are found in parenchymatous nephritis, acute and chronic, and rarely in interstitial nephritis.

6. Waxy casts are found only in chronic Bright's disease, and attend either of the three principal forms.

7. Oil-casts are found in subacute and chronic forms of Bright's disease, and may attend any of the three principal forms, but are most numerous in chronic parenchymatous nephritis.

8. Free fatty cells and free oil-drops are found in chronic parenchymatous nephritis.

9. The form of fatty cells known as the compound granular cell is found in acute and chronic parenchymatous nephritis.

In the fourth section the author considers clasification, giving as his own:

I. Acute Bright's disease—represented by a single form, acute parenchymatous nephritis.

II. Chronic Bright's disease, including chronic parenchymatous nephritis; lardaceous disease; and interstitial nephritis.

These varieties are severally considered in the next four sections, the treatment being also set forth. Retinitis in Bright's Disease is a section written by Dr. Wm. F. Norris, being a very short chapter and not what would have been expected in such a work.

Suppurative interstitial nephritis (pyelo-nephritis) and cyanotic induration of the kidneys, finish what may be considered the first part of the work.

Twenty-one pages are devoted to diabetes mellitus, and about thirteen to diabetes insipidus which concludes the book. The author has adopted a good nomenclature, and one more in accord with pathology, so far as known.

This is a book that will be read and appreciated by many, and that will be serviceable on many an occasion. The author speaks from an experience gained by many years' close observation and gives us the result, which method of imparting information is undoubtedly more valuable than presenting a mere repetition of old and worn and oft-times incorrect opinions.

Article XXVII.

Books and Pamphlets Received.

Report to His Excellency, the Governor. The Thirty-ninth Missouri University Catalogue, 1880–1881

Transactions of the American Dermatological Association, with the President's Address at the Fourth Annual Meeting, Newport, R. I. Aug. 31 and Sept. 1 and 2, 1880. Official Report of the Proceedings by the Secretary, Dr. Arthur Van Harlingen, Phila. 1881.

Report to the Illinois State Medical Society on Laryngeal Tumors by E. Fletcher Ingals, A. M., M. D. (Reprinted from the *Chicago Medical Journal and Examiner*, July 1881.)

Einfache Methoden Zum Stillen Zufälliger Blutungen von Ed. Borck Dr. Med. and Chirurg. (Separat abdruck und Uebersetzung aus dem *Indiana Medical Reporter*, April, 1881)

Die Erlenmeyer'schen Anstalten für Gemüths, und Nervenkranke zu Bendorf bei Coblentz. Leipzig, 1881.

Illusion, Hallucination and Delusion. A Differential Study for Forensic Purposes. By C. H. Hughes, M. D. (Reprinted from the *Alienist and Neurologist*, July, 1881.)

Consciousness in Epilepsy. By C. H. Hughes, M. D. (Reprinted from the *Alienist and Neurologist*, April, 1881.)

The Pathology and Surgical Treatment of Hypertrophic Nasal Catarrh, Description of a new radical cure of Nasal Catarrh. By Wm. C. Jarvis, M. D. (Reprinted from the *Archives of Laryngology*, April, 1881.)

Third Annual Announcement of the College of Physicians and Surgeons of St. Joseph, Mo. 1881.

Index Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. II. Berlioz-Cholas, 4 to. pp. 990. (Washington: Government Printing Office. 1881.)

Hip Injuries, including Hip-Joint Diseases, and Fractures of the Femoral Neck, Splint for. By De F. Willard, M. D. (Reprinted from the *Philadelphia Medical Times*, Nov. 1880.)

Hip-Joint Diseases: Death in Early Stage from Tubercular Meningitis. By Forrest Willard, M. D. Microscopical appearances with Cuts. By E. O. Shakespeare, M. D. (Peprinted from the *Bostou Medical aud Surgical Journal.*)

Third Annual Announcement of the Central College of Physicians and Surgeons, Indianapolis, Ind. Session 1881–1882.

The Annual Announcement of the St. Joseph Hospital Medical College. Winter Session 1881–82.

Report of the trial of James Thomas DeJarnette, with an appendix. By Eugene Grissom, M. D., L L. D. (Reprinted from the *North Carolina Medical Journal*, June, 1881.)

Minutes of the Thirty-sixth Annual Meeting of the Kentucky State Medical Society, held at Covington, Ky., April, 5, 6 and 7, 1881.

Fortieth Annual Announcement of the St. Louis Medical College, Session 1881–82.

Article XXVIII.

News Items.

Dr. Thos. F. Rumbold editor and proprietor of the Journal, left this city Tuesday July 5, to attend the meetings of the International Medical Congress and of the British Medical Association. In the meantime, the Assistant Editor will, with the assistance of the "devil" make things lively about the office.

Our thanks are due to Dr. C. Spinzig for furnishing us with a copy of the *Vaccination Inquirier and Health Review*, a British monthly devoted to the interests of theAnti-vaccinationtists.

The *Agents Herald* is a paper devoted to that much abused class the agents and is quite unique. It is a sprightly sheet and fearless in the exposure of advertsing frauds.

The *Ohio Medical Journal* has made its appearance, and is a neat and well gotten up monthly of 48 pages. It is the Journal of the Ohio State Medical Society, and the measure of success achieved here, may serve as a criterion to those advocating a journal for the American Medical Association.

The *Arkansaw Doctor* has arrived, and we at first supposed that the editor had sent us proof sheets for correction. This complaint, we observe, has been made by so many, that doubtless it is the manner in which the journal was published and as such we bow before it, and will withhold any critical remarks. Being the only medical journal in Arkansas, it deserves support from the local profession, despite its uncouth appearance.

Cincinnati is to have a morgue at last. The combined odors of seventeen corpses "even penetrated the insentient nostrils" of the Board of Health. So says the *Lancet and Clinic.*

The *New York Medical Journal and Obstetrical Review*, is the name under which it labors now. We hope that the addition will not make it top-heavy, and that it will continue now without many more additions to a cognomen, which seems rather long drawn out.

Alumni Association of the Albany Medical College.—We would earnestly call the attention of every Alumnus of the Albany Medical College to the following announcement:

At a meeting of the Alumni held June 16, 1881, the president stated that he had given considerable thought to the matter of prize essays, to increase the interest in, and efficiency of the Association. He had concluded to offer an annual prize of $100, to be called "A Surgical Prize," and would announce as the subject for this year, Essay on Colles' Fracture, its pathology and treatment, to be accompanied with a pathological specimen illustrating the fracture, with or without dislocation of the ulna or a careful dissection of the hand, wrist or forearm.

After favorable remarks by the committee, on motion of Dr. Hale, Dr. VanDerveer the president, was appointed a committee of one to give the matter further consideration. Subsequently, he reported that the heirs of the late Prof. Alden March, M. D., L L. D., desired to give the sum of $100 as an annual "March Memorial Prize," the essay for the coming year to be on the pathology and treatment of Morbus Coxarius.

Also, that Mr. McClure, a governor of the Albany Hospital, decided to give the sum of $100 annual as an "Armsby Memorial Prize," the essay to be on some anatomical subject. That for the coming year, will consist of a minute description of the genito-urinary organs of the male, together with a carefully dissected specimen of the same.

The president further stated that the heirs of the late Prof. James McNagleton, M. D., had offered the sum of $100 as the "McNagleton Prize." The subject for the current year to be Antisepsis in the treatment of Diseases. And Mr. Joseph Russel, a trustee of the college, offered a second surgical prize of $50 for the second best essay on Colles' Fracture.

Essays and specimen designated by a motto and accompanied by a sealed envelope, inclosed with the same motto, and containing the name and address of the author must be sent to the Secretary, Dr. W. G. Tucker by the 14th of February, 1882.

All specimens are to be deposited in the New Museum of the College, properly labelled.

Listerine.—This new preparation, we are glad to say is meeting with the greatest success. It is a most valuable antiseptic, and deserves fully the high reputation it is rapidly aquiring for itself.

ARTICLE XXIX.

DEATHS AND RATE OF MORTALITY

Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities, According to the Latest Returns.

CITIES.	Population.	DATE OF RETURN.	Deaths from all Causes.	Annual Death Rate per 1000	Mean Ther. Range.
New York	1,206,577	Week Ending July 2,	906	39 0	.....
Philadelphia	846,980	" " "	320	19.7	.....
Brooklyn	566,689	" " "	327	30.1	.....
St. Louis	350 522	" " "	238	35.4	.....
Chicago	503,304	" " June 4,	208	21.5	.....
Baltimore	332,190	" " "	.....	.....	.....
Boston	362,555	" " July 2,	128	18.4	.....
San Francisco, Cal	233,956	" " "	80	17.8	.....
Cincinnati	255,708	" " "	151	30.8	.....
New Orleans	206,140	" " "	127	30.6	.....
Buffalo	155,137	" " "	62	20.8	.....
Cleveland	160,140	" " "	60	19.6	.....
Washington, D. C	180,600	" " "	107	30.8	.....
Pittsburgh	156,381	" " "	98	29.6	.....
Newark	136,400	" " "	68	26.0	.....
Detroit	116,342	" " "	47	.....	.....
Milwaukee Wis	115,578	" " "	43	19 4	.....
Richmond Va	63,803	" " June 4,	48	22.9	.....
New Haven, Conn	62 882	" " July 2,	28	23.2	.....
Charleston	49 999	" " "	37	38.6	.....
Memphis, Tenn	33,593	" " "	26	40.4	.....
Mobile	31,205	" " "	30	50.1	.....
Boulder, Col	3 069	" " June 4,	2	17.0	.....
Galveston	22,253	" " July 2,	30	70.0	.....
Indianapolis	75,074	" " "	44	30.6	.....
Springfield, Mass	33,340	" " "	11	17.2	.....
Nashville, Tenn	43,461	" " "	27	32.4	.....
Sacramento	21,500	" " "	.....	.....	.....
St. Paul, Minn	41,498	" " "	.....	.....	.....
London	3,707,130	" " June 11,	669	31.0	56.1
Paris	1,988,806	" " " 18,	451	28.1	58.2
Berlin	1 123,571	" " " 7,	477	22.0	48.0
Vienna	731,191	" " " 21,	478	29.1	60.9
Buda-Pesth, Hung	370,037	" " " 15,	277	39.7	.....
Shanghai	3,000	" " June 18,	255	24.2	58.3
Cape Town, Africa	35,000	" " "	91	25.8	60.8
Liverpool	549,834	" " June 28,	257	24.9	58.0
Genoa, Italy	185,000	" " "	95	26.7	68.0
Calcutta	429,535	" " June 11,	2 5	28.1	57.7
Hamburg (state)	400,000	" " " 18,	170	22.0	.....
Warsaw, Russia	379,763	" " " 11,	72	22.3	45 8
Brussels	406,638	" " " 21,	164	22....	59.6
Stockholm, Sweden	173,433	" " " 14,	87	26.0	43.7
Dublin	333,401	" " "	.....	.0	.....
Lyons, France	342,815	" " June 25,	117	21.4	57.8
Amsterdam	316,952	" " June 18,	65	22.3	55.4
Sheffield	304,938	" " May 28,	123	22.7	63.0
Leipzic, Saxony	151,616	" " June 7,	87	30.3	60.9
Breslau	273,000	" " " 11,	54	23.4	50.9
Copenhagen, Den	235,254	" " May 14,	112	24.2	40.6
Christiania, Norway	120,000	" " May 7,	42	18.1	40.1
Alexandria	220,000	" " June 18,	63	17.9	.....
Dresden	220,216	" " May 8,	102	24.6	45.1
Bradford	197,196	" " " 14,	75	21....	.....
Seville, Spain	138,000	" " June 25,	66	32.8	.....
Tangier, Morocco	15,000	" " May 21,	.....	.5	.....
Rouen, France	104,209	" " " 28,	52	25.0	.....
Dundee	155,100	" " " 21,	49	16....	49.1
Geneva, Switz	50,233	" " "	30	30.6	.....
Prague	333,401	" " "	.....	.....	.....
Havana	195,437	" " April 16,	173	34.6	.....
Vera Cruz, Mexico	20,000	" " May 21,	155	41 4	80.0

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—JULY, 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	63.5	80.0	18	69.0	83.0
2	65.0	84.0	19	71.0	89.5
3	68.0	86.0	20	75.5	97.0
4	71.0	89.5	21	82.0	99.0
5	72.5	94.0	22	79.0	84.5
6	78.5	96.5	23	71.0	87.0
7	79.0	97.5	24	72.0	90.0
8	79.5	96.0	25	71.0	84.5
9	81.0	99.5	26	69.0	81.0
10	81.0	**101.5**	27	66.0	82.5
11	82.0	97.5	28	68.5	85.5
12	82.0	98.0	29	68.0	86.0
13	77.0	93.5	30	68.0	87.5
14	74.5	84.5	31	71.0	90.5
15	76.0	91.0			
16	80.0	94.0	Means	73.9	87.1
17	81.5	91.0	Monthly Mean	80.5	

Quantity of rain, 1.65 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM JUNE, 18, 1881, TO JULY, 2, 1881, INCLUSIVE.

Leucocythemia	0	Childbirth	0	Convulsions & Trismus Neonatorum	46	Syphilis	4
Scarlatina	4	Inanition, Want of Breast Milk, etc	18	Apoplexy	7		
Pyæmia & Septicæ	3	Alcoholism	4	Hydrocephalus and Tub. Meningitis	10	Dis. fem. gen. org.	3
Erysipelas	3	Rheumat'm & Gout	0	Meningitis & Encephalitis	30	Surgical Operation	1
Diphtheria	10	Cancer and Malignant Tumor	13	Other Diseases of the Brain and Nervous System	22	Premature Birth	0
Membran's Croup	1	Phthisis & Tuberculosis, Pulmon	47	Cirrhosis of Liver and Hepatitis	8	Deaths by Suicide	2
Whooping Cough	8	Bronchitis	8	Enteritis, Gastro-Enteritis, Peritonit, and Gastritis'	14	Deaths by Accid't	21
Ovarian tumor	0	Senility	12	Bright's Disease and Nephritis	4	Deaths by Homicide	0
Measles	1	Pneumonia	12	Other Diseases of Urinary Organs	0	Congen Detor'ty	32
Typhoid Fever	7	Heart Diseases	15	Diabetes	0	Total Deaths from all Causes	606
Cerebro Spinal Fev	14	Other Diseases of Respir'y Organs	3			Total Zymotic Diseases	269
Remittent, Intermittent, Typho-Malarial, Congestive & Simple		Metro-Peritonitis	0			Total Constitutional Diseases	94
Contin'd Fevers,	12	Marasmus—Tabes Mesenterica and Scrofula	19			Total Local Diseases	175
Puerperal Fevers	4	Other Const. Dis	5			Total Develop'tal Diseases	44
Diarrhœal Disea's	175					Deaths by Viol'ce	24
Other Zymotic Diseases	0						

CHAS. W. FRANCIS, *Health Commissioner.*

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We are free to confess our belief that there is no substitute superior to Quinine, that is to say, that there is no substance equally as potent and reliable now discovered, that will replace this valuable and well tried remedy; but there has been an increasing demand for a cheaper substance than Quinine, and in accordance with this requirement we have made the nearest approach to what is desired, in the discovery of the new Antiperiodic, Quinamine.

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Physicians will find it to possess all the advantages claimed for it, while the cost is about one-third of that of Quinine, at its present price. The manner of administration and dose are the same. It may be given in powder or pill, or in solution by the addition of an acid, as in case of Quinine.

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JOHN B. ELLIOTT, M. D.,
Professor of Materia Medica and Therapeutics and Hygiene
EDWARD HARRISON, M. D.,
Lecturer on Diseases of the Eye.
ALBERT B. MILES, M. D.,
Demonstrator of Anatomy.

The next annual course of Instruction in this Department (now in the forty-eighth year of its existence will commence on Monday, the 17th day of October, 1881, and terminates on Saturday, the 25th day of March, 1882. The first three weeks of the term will be devoted exclusively to Clinical Medicine and Surgery at the Charity Hospital; Practical Chemistry in the Laboratory; and dissections in the spacious and airy Anatomical Rooms of the University.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

CLINICAL INSTRUCTION.

The act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital, as a school of practical instruction.

The Charity Hospital contains nearly 700 beds, and received, during the last year, nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited by the respective Professors in charge daily, from 9 to 10 o'clock A. M., at which time all the students are expected to attend, and familiarize themselves, *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the Hospital, on Clinical Medicine by Professors Bemiss, and Joseph Jones; Surgery by Professors Richardson and Logan; Diseases of Women and Children by Professor Lewis, and Special Pathological Anatomy by Professor Chaille, will be delivered in the amphitheater on Monday, Wednesday, Thursday and Saturday from 10 to 12 A. M.

The administrator of the Hospital elect, annually *fourteen resident students*, who are maintained by the Institution. All vacancies filled by competitive examinations.

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For the Ticket of all the Professors	$140 00
For the Ticket of Practical Anatomy	10 00
Matriculation Fee	5 00
Graduation Fee	30 00

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Graduates of other respectable schools are admitted upon payment of the Matriculation and half lecture fees. They cannot, however, obtain the Diploma of the University without passing the regular examinations and paying the usual Graduation Fee.

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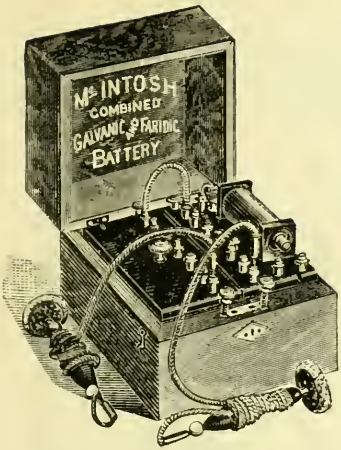
*For further information upon these points see circular.



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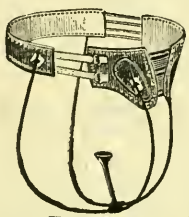

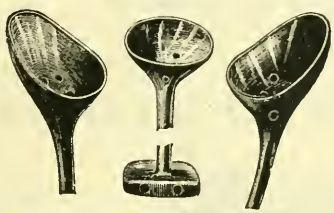

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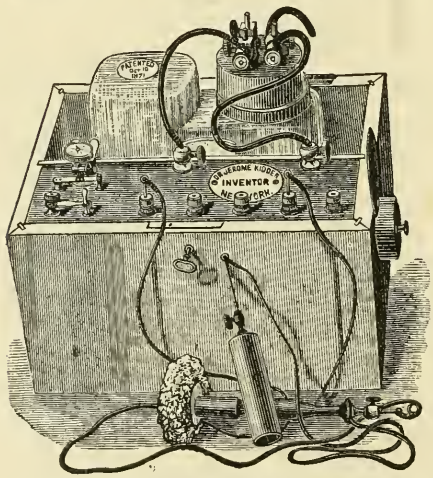

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Professor of Materia Medica and Therapeutics.

CHARLES JEWETT, M. D.,
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The Faculty, by the establishment of THE READING AND RECITATION TERM, give *a thorough systematic training in the elements of medical science.* To this end, the instruction for junior students is confined to the *primary branches*, and consists mainly of recitations from standard text-books. Senior students are admitted to higher studies.

The Regular Term embraces the usual course of Didactic and Clinical Lectures, and a thorough graded system of instruction in the practical branches.

There are over 12,000 patients treated annually in the Hospital, which is under the control of the College authorities, and therefore available for practical teaching. Advanced students in classes of ten or more accompany the Clinical Teacher in his daily hospital service. By this system of constant rotation of classes, from the Medical to the Surgical wards of the Hospital, the student receives the largest possible amount of instruction daily in all the practical branches. This mode of teaching is *peculiar* to the Long Island College Hospital, the Clinical advantages of which are unsurpassed in this country.

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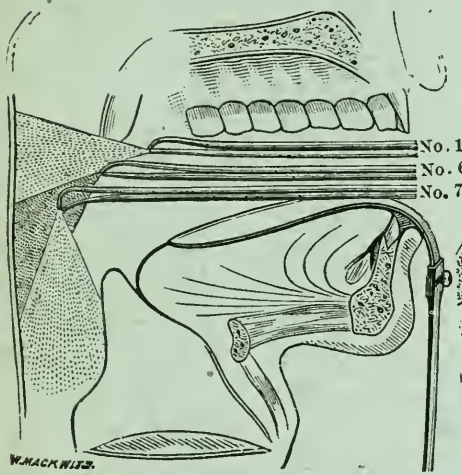

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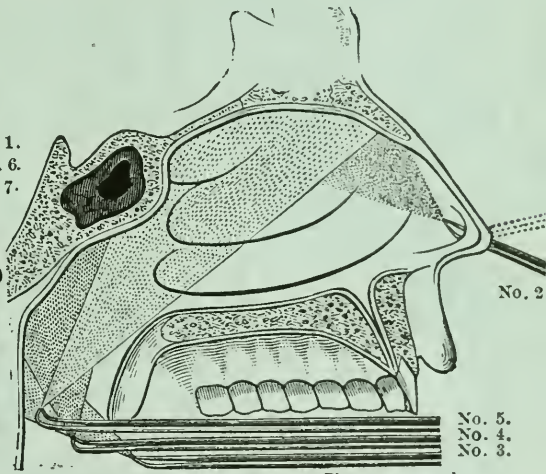

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